

July, 1960

HARVARD MEDICAL *ALUMNI BULLETIN*

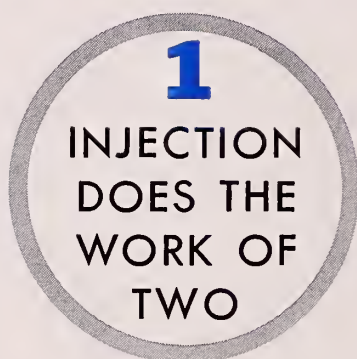


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LETTERS

The Dying Patient and His Doctor

To the Editor of the *Bulletin*:

I wish to point out an error in the April, 1960 issue of the *Harvard Medical Alumni Bulletin*. In Mr. Roger Bulger's fine article entitled "The Dying Patient and His Doctor," on page 53, the author states that Captain Robert Scott's Diary was discovered several years later by Admiral Byrd. Far be it from me to detract from the well-deserved fame of this distinguished American explorer, but the fact of the matter is that Captain Scott's last camp was found by members of Scott's last expedition under the leadership of Dr. Atkinson and Mr. Cherry-Garrard, only 8 months after the death of the "Polar party."

THOMAS J. DEKORNFELD, '53
Baltimore, Maryland

Roger Bulger's article in the April Bulletin received an unusually large response. The following letter is one rather interesting sample:

To the Editor of the *Bulletin*:

The issues of the *Bulletin* reach here about one month late but are happily received. . . . I would like personally to thank you and the author of "The Dying Patient and His Doctor" for dealing so well with this subject, which needs to be continually re-examined. We went to Twillingate in 1956, after three years of learning the art and science of studying and maintaining human life. There we frequently saw patients dying quietly at home, in familiar surroundings with relatives nearby, in an atmosphere of peaceful acceptance, an atmosphere that I can rarely, if ever, recall finding on the wards of our Boston hospitals.

Things in Ankara are as quiet as before the recent disturbances. The *coup d'état* went off so quickly and efficiently that most of the many Americans here were unaware that it had occurred until hours later. The Turks are very happy about it, especially the large student population

that personally felt the suppression of free radio and press under Menderes. The curfew was lifted last night and we all come and go as we please again.

THOMAS ADAMS, '57
Ankara, Turkey

Long Island Hospital

To the Editor of the *Bulletin*:

May I add a few footnotes in regard to the timely article on Long Island Hospital which appeared in the April issue of the *Bulletin*? Of all the medical institutions associated with Harvard, I believe Long Island Hospital has, over the years, received less recognition and favorable publicity than any other; I was glad to see at long last some mention of this old and now historic hospital.

On my release from military duty after World War I, it was my good fortune to have been appointed as Chief Resident Physician at Long Island Hospital and in 1920 I was made assistant to the late Dr. Charles E. Donlan (HMS '02), one of the great medical administrators of the day. From 1918 to about 1928 the hospital was the scene of many pioneer research projects in medicine and surgery.

Richard Cabot began his seminars in postgraduate cardiology on the tree-shaded lawn of the First Medical Pavillion in 1920 and some of the material included in his "Facts on the Heart," published in 1926, came from the wards and pathological laboratory of the hospital. Harvey Cushing performed some of his original experimental surgery on hydrocephalic babies from the Children's Wards. Experimental orthopedic surgery made great advances under the sponsorship of such famous names as Bradford, Soutter, Cotton and Nichols.

The first "all-American" electrocardiograph was assembled in 1919 under the guidance of Walter B. Cannon; using a giant electric motor from a Boston trolley car, the hospital engineer, William E. Lynch constructed an unbelievable string galvanometer which permitted ECG's to be obtained on cut-down x-ray glass plates, a saga which has never been completely understood.



Herman Goslyn

Waiting for the crowd: Umbrellas on the Quadrangle on Alumni Day

Lest these footnotes assume Virgilian magnitude by exceeding the original article in length, let me conclude by saying that the present ghost-town Army installation was a thriving community in 1917-24; it is possible that a military and civilian population of over 4000 occupied the eastern end of the island and many of their acute medical and surgical problems were treated at Long Island Hospital.

The Kimpton tubes for blood transfusion received their first large tryout after the munitions explosion of 1918. In return and as a gesture of good will, the Army Engineers gave the hospital a large oxygen supply; I believe that in commenting on this unexpected largess, Dr. George Sears said that it was the first time that patients with pneumonia had sufficient oxygen concentrations to make tent administration clinically worth while.

Long Island Hospital has had many "firsts"; the first electric sterilizer was given a trial run in 1919. The first large-scale heliotherapeutic clinic for skin diseases was started in 1920; the long hours of sunshine on the island lead an M.I.T. group in 1918 to develop its first practical solar heating unit. It is hoped that these and many other little-known facts about Long Island Hospital may stimulate some future medical historian to write about the role played by the institution in the development of medicine and surgery at Harvard and in Boston.

ALBERT SALISBURY HYMAN, '18
New York City

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HARVARD MEDICAL ALUMNI BULLETIN

VOL. 34

JULY 1960

NO. 4

Cover: Carnival time at H.M.S. Class Day, May 28, 2 P.M.
Taken from atop Bldg. A. Photo by William Tobey.

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*Advertising: Milton C. Paige, Jr., 8 Fenway
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Along the Perimeter

Free Prize Offer

The accompanying illustration represents one product of the boredom, inevitable, from time to time, of service in the Armed Forces, even during a war. As more and more units, divisions, Army corps, and service supply units arrived overseas in World War II, there developed an epidemic of bigger, better and more elaborately patterned and colored shoulder patches. These were to appropriately designate a particular unit. The 5th General Hospital, Harvard Unit, U.S. Army, was no exception.

On close scrutiny of the design, one may readily recognize the Roman Numeral V between a G and an H, which designates the 5th General Hospital. The origin of this unit is clearly identified by the *Veritas* seal of Harvard, supported by an exhausted G.I. But there is a mystery here, and the editorial staff of the *Bulletin* will gladly give any Alumnus of H.M.S. who solves it a year's subscription to our *Bulletin*, ABSOLUTELY FREE.

Many, if not all, Harvard men are familiar with and can even translate the Latin word, *veritas*. Some may also recall that the Latin words on the seal of a sister institution in the deep south, to wit, Yale University in New Haven, are the following: *Lux et Veritas*. But what is the translation of the word or words surrounding the symbolic G.I., who is practically on hands and knees in his effort to carry the shield with its *Veritas*?

Send all answers to the Editor of the *Bulletin* and win your free subscription!

Professional Poll

What areas of medicine do Alumni enter after they complete their training? In a sampling taken from reports of this year's ten reuniting classes (every fifth class from 1910 through 1955), Miss Murphy rooted out the following information:

←Harvard College Commencement on June 16. Sheriffs and University Marshal lead the Procession. In the background are the Members of the Corporation, Overseers and deans of the graduate schools of Harvard University. Fifty out of a class of one hundred and forty-two medical graduates attended these formal ceremonies two weeks after H.M.S. Class Day. Upon receiving their diplomas in Lamont Library, the graduating medical class and their families were given a luncheon by the Alumni Association. Photo by David Lawlor.



Solve this mystery (see left).

The largest proportion of HMS'ers, 297 out of the 968 sampled, are engaged in the specialty "most closely allied to general practice," internal medicine, while some 65 others are in general practice itself. Over the 45-year period a graph shows a gradual increase in the number of Alumni entering internal medicine. The G.P. curve, on the other hand, rises from 1910 to a high point in 1935, makes a sharp drop in 1940, and remains constant to date. Nearly as popular is surgery, with 300 graduates in that specialty. Two hundred and nineteen of these are in general surgery, one in cardiovascular, 9 in pediatric, 22 in orthopedic, three in plastic, 13 in thoracic and 10 in neurosurgery. The surgical curve, too, shows a gradual upward trend in popularity.

Many Alumni have switched to the basic medical sciences; one physician has become a priest, 3 are medical deans; 4 out of 14 women grads have laid medicine aside and are exclusively mothers and housewives.

A poll of the other specialties produced the following:

Anesthesiology — 8	Physical and Occupational
Dermatology — 7	Medicine — 2
Obstetrics and Gynecology — 50	Preventive Medicine — 2
Ophthalmology — 20	Psychiatry and Neurology — 54
Otolaryngology — 10	Radiology — 17
Pathology — 20	Urology — 14
Pediatrics — 64	

Twenty-two Alumni were lumped into "miscellaneous": the armed services, audio-visual education, aviation medicine, public and student health.

Although the trend toward greater specialization is most marked in those classes who have graduated in the past 25 years, it is interesting to note the increasing number of graduates of these later years in internal medicine.

Lest we forget: Harvard is still sending out "practitioners of general medicine."

A Book Is Born

"The birth of a book has been likened to the period of gestation. There comes a time when it simply must be delivered — to the publisher and the public. If not the fetus becomes bloated, hypermature, and subject of maceration." (Quote taken from the exhibit.)

Now in the Warren Museum exhibit, "The Making of a Book," one can see the labor which produced the 1,011-page textbook, *Metabolic Care of the Surgical Patient*. The period of gestation was a long five years of Dr. Francis Moore's free nights, Sundays, holidays and vacations. Enclosed in glass, the public may view the original pencil notes, "often a bit rough and uneven due to adverse air currents, roadbeds and ocean swells," the typed manuscripts and the finished book, bound in bright blue.

The rough drafts of this undertaking were farmed out to a professional typist, 1500 pages at a time. The book has the backing of a bibliography of 3600 references and contains "detailed" case histories of some 32 patients. Examples of illustrations at various stages are shown from the rough sketches by Dr. Moore, through professional drawings by Miss Mildred M. Coddington, Surgical Artist at the Peter Bent Brigham Hospital, to the final proofs.

Twelve glass cases later, the handsome product is displayed, a "larger" book, as we may believe, than the volume anticipated five years before. The book has already received the highest score in the Fifteenth Annual Philadelphia Book Show.

*

THE MUTE SWAN

By what mutation came you mute?

Who struck you dumb?

Your contours sinuous and round

Emit no trumpet call or sound,

Your word is mum.

And yet your pinions in their flight

Drum through the air

And drown your plight.

While on the marsh you glide and float

And scribe your circles round your mate,

A royal Dresden candy boat,

Her feathers held in high estate,

But when you flash your yellow bill

She hears your song and heeds your will.

CARL BINGER, '14

May, 1960

Who's on First?

The planners who perpetuate the game of musical chairs around the Quadrangle, and thereby their own livelihood, by continually shifting everyone's quarters, recently planned themselves out of their office in E-2. On July 1, the Medical Area Planning Office forced itself, wittingly or unwittingly, to move to an office at 635 Huntington Avenue.

Several months previously, the Harvard Medical School acquired the property of the old Martin School at the junction of Huntington Avenue and Wigglesworth St. and, through the spring, the School has gradually crumbled under the wrecker's ball and crane. Within four months, construction will begin on two new buildings planned for the School of Public Health: a new building for nutrition research laboratories on the site of the Martin School will begin to rise two floors and sink two, or rise three and sink one, depending on the side from which it is viewed. As a rather interesting feature, it will house the beginning of the new Animal Research Center, for the use not only of Harvard but of all the Boston area medical schools and hospitals, Massachusetts Institute of Technology, and Harvard's Biology Laboratories across the Charles. (In preparation, a small building between C and E is now being converted into a new animal house to study the methods of handling animals.)

Perpendicular to the Nutrition Building, almost in line with Building B-2, an even larger project is in the offing: a 12-story research building for the expansion of the School of Public Health. Five floors will be built initially. The building will house the Division of Environmental Hygiene, with its research facilities for radioactive waste and other water and air pollutants; the Guggenheim Center for Aviation Health and Safety; the space-biology and highway safety programs; and the pilot plant for sanitation and engineering research.

Back on Longwood Quadrangle, the game of musical chairs continues to comfort those who protest the too rapid change in topography. Surgical research is coming from the fourth floor of C-2 to a temporary building between E-1 and E-2. Gross Anatomy will shortly move permanently from B-1 to the second floor of E-1 and first floor of E-2. Fred Christensen's machine shop in C-1 Physiology is being dismantled, and the Medical School has forfeited its only heavy milling machine in the process. (Mr. Christensen has retired after 39 years, at the age of 72, and will be greatly missed.) At the same time, the biochemistry machine shop under the management of Mr. Charles Gordon has moved from E-2 to magnificent new quarters in the basement of C-2.

At right, Massachusetts College of Art sophomores record for posterity the destruction of the Martin Grammar School on Huntington Avenue. A new building for the Harvard School of Public Health will rise in its place (see story above). Photo by David Lawlor.





Inside H.M.S.: The Boys Grow Up

Here at H.M.S., where traditions rarely change, one passed away this Spring practically unnoticed and certainly unmourned.

The origin of the annual First-Year, Fourth-Year riot is obscured, not so much by lack of information as by the constantly changing forms it has taken. It is, however, clear that the riot has been directly related to the Aesculapian Club Show, and indirectly related to spring-time, the end of senior exams, high blood-alcohol levels, and some say, chronically blocked hormone utilization.

The history of the riot extends back at least 60 years to the beginning of the Aesculapian Club. In those days it was usually disorganized, undirected, and more or less gentlemanly. It was not until after World War II, however, that the riot found its purpose: intimidation and abuse of the First-Year Class.

In 1956, a new Dean of Student Affairs arrived on the scene, heard of the annual riot for the first time, and judged it an acceptable way to release some necessary tensions. His view was altered the morning after the riot that year, when the electricians called him over to look at a steel chain wrapped around the main power switch for Vanderbilt Hall. The electricians considering it too dangerous to approach the chain, which was lying only inches from the exposed terminals, had to cut off the area's power supply before proceeding. Whether it was a miracle, or just manifestation of H.M.S. ingenuity which averted tragedy that year, is still debated.

For the last few years the First-Year Class, by way of defense, has barricaded itself on the dormitory roof. This practice has led to determined, but rarely successful, assaults by each Fourth-Year Class, upon the position, just six floors above the asphalt parking lot.

It has also become part of recent tradition that the second and third-year classes, feeling left out, I suppose, join the fun by manning all the fire-extinguishers in the dormitory, trying to extinguish all intruders, of whatever class. This behavior, in itself not remarkable, has frequently led to exuberant throwing of the empty fire-

extinguishers off roofs or out of windows with little regard for who might be below. As long as these missiles did not hit any of the participating students there was no complaint. Last year the near miss of an innocent night-watchman was recorded. This led to some protest.

This year, I am proud to report, all this has changed. The Dean spoke to the Student-Faculty Committee, and each class president in turn spoke to his classmates. The Aesculapian Show was cleaned of its more objectionable jokes and held in the Vanderbilt gymnasium instead of out somewhere. There was no riot. Women attended.

And so, the tradition lapsed without protest. It would seem that no one really cared. It only remains for me, a humble student, to chronicle its passing. Whether it has really died, or is merely hibernating, is not for me to say. Nor am I prepared to comment on the serious issues raised on the relative merits of the student who supported this tradition in the past, and the contemporary student who gladly let this bit of dangerous frivolity slip into oblivion. It is not clear to me whether this change in attitude represents more self-preservation instinct, more apathy, or less willingness to take the time off to riot.

ROBERT DUPONT, '62

Gay Lecture on Euthanasia

On April 25, Dr. Margaret Mead, the noted anthropologist and author, came to Boston to deliver this year's George Washington Gay Lecture upon Medical Ethics. Despite a recent accident, she managed the trip, and made her entrance seated in a wheel chair, right leg in a plaster cast, crutches and pocketbook in her lap.

The lecturer concerned herself primarily with the concept of dignified death in various societies, and with the problems of suicide and euthanasia in ours. In contrast to physicians in most other cultures, she said, those in our culture are responsible only for giving life, not for taking it. This remarkable institution permits the patient



Gay Lecturer,
Margaret Mead



The Harvard Medical Chorus gave its sixth concert of the season at the Gardner Museum on last May 13. Photos by David Lawlor



to have unreserved trust in his doctor. The reason many reject euthanasia, Dr. Mead remarked, is that they feel it entails the destruction of this trust. Her solution went something like this: those who are to decide upon and implement euthanasia must not be doctors. The doctor's role should be merely to characterize the medical situation. Responsibility for euthanasia must be placed elsewhere in the culture.

Thus relieved of responsibility, students were free to join Dr. Mead for cocktails and a dinner in Vanderbilt.

Harvard Medical Chorus

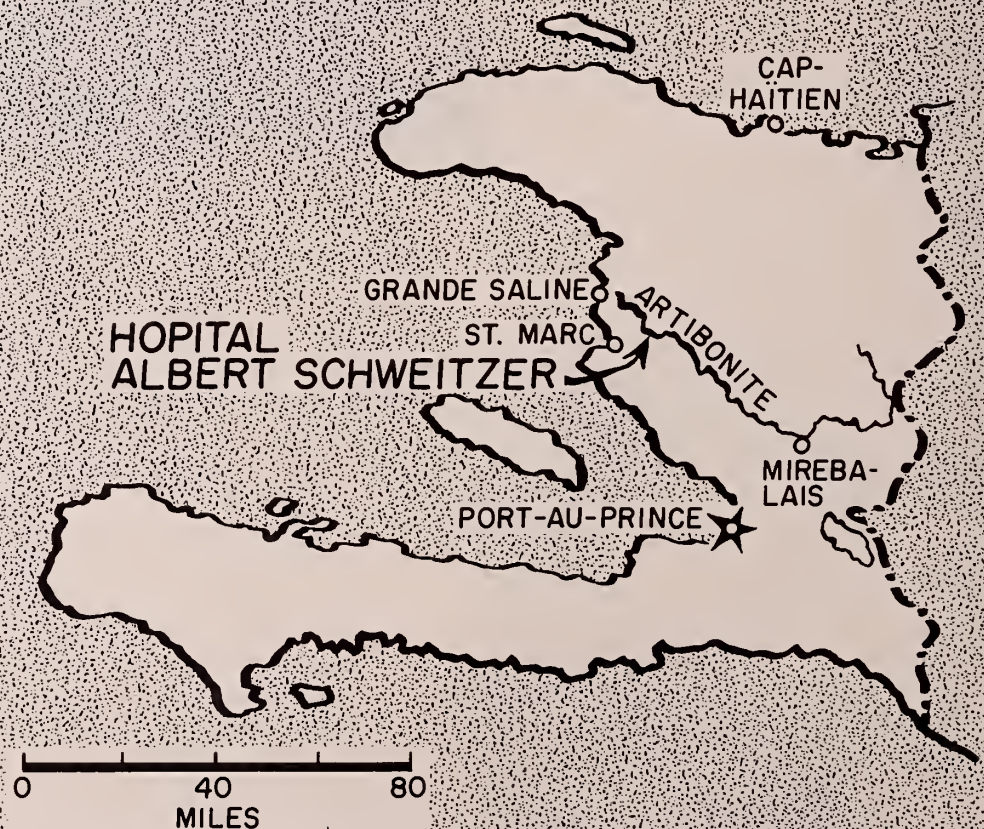
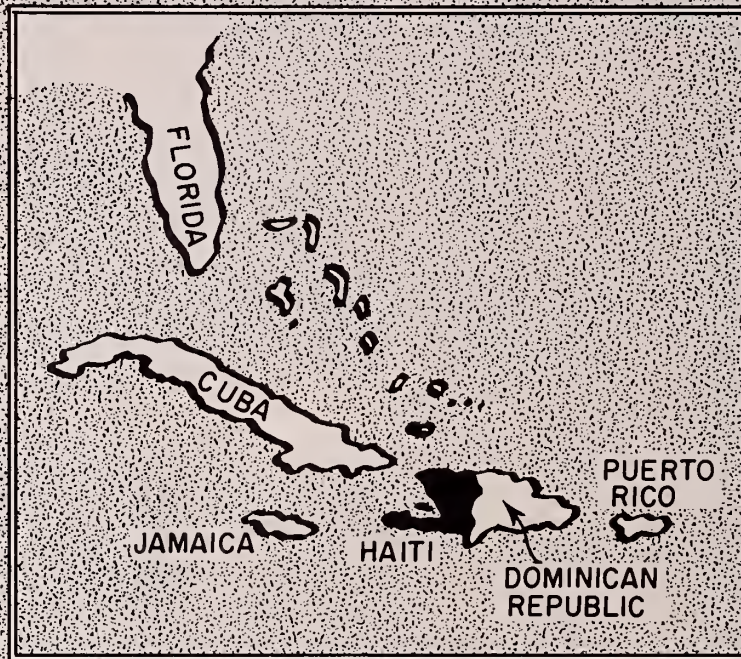
Mrs. Isabella Stewart Gardner has been included by one writer in a group of wealthy Americans who systematically ransacked Europe of its art treasures in the early twentieth century. On May 13, the Harvard Medical Chorus gave its 6th concert of the season amid some of the "plunder" in the Gardner Museum on the edge of the Fenway. The concert drew an almost full house and was pronounced professional in excellence.

Now in its second year, the Chorus has been directed since September by Miss Joan Rheinthaler, who also conducts the Radcliffe Freshman Chorus, a group considerably more homogeneous than the Medical Chorus. The latter in fact has been characterized by one of its members as a "motley crew" of medical students, doctors, nurses, and staff from H.M.S. and its affiliated hospitals.

A Vivaldi *Gloria* took up the whole last half of a program which included *Liebeslieder Waltzes* by Brahms and selections from *Iolanthe* by A. Sullivan. The double octet under the direction of Mr. Peter B. F. Randolph received particular praise for its several offerings, including *Adoramus Te Christe* by G. Palestrina who lived, according to the program, from 1526 to 1994.

With surprising ubiquity, the 80-man-and-woman group has in the past year performed in the following local spots: the Old North Church; Simmons College; the outdoor tennis courts of Vanderbilt Hall; the new Livingston Stebbins Hall underneath the First Unitarian Church in Harvard Square, and Symphony Hall on Brigham Night at the Pops.

HAITI AND THE





Hôpital Albert Schweitzer

HAITI

Seventy-five miles east of Cuba across the fabled *Windward Passage* lies the second largest land mass in the Caribbean Sea. Columbus was the first European to land there in 1492. He named the island *Hispaniola* (little Spain) and claimed it for his patrons, the King and Queen of Spain. For a century Spanish, French and English buccaneers explored various parts of the island searching unsuccessfully for gold. During this period, the native Arawak Indians were almost exterminated by slaughter and imported illnesses (syphilis and measles).

In 1699, Spain reluctantly seceded to France the western third of Hispaniola which with its many mountains resembles a crumpled sheet of paper. For the next one-hundred years the French colonized this land which was now called St. Dominique. Thousands of Negro slaves were imported from Africa to labor in the sugar fields and on the rich plantations. St. Dominique soon became a prosperous colony and France's most valuable possession in the Western Hemisphere. It played the title role in the nefarious triangular trade of

African slaves, Caribbean molasses, and New England rum.

By the beginning of the 19th century, there were 500,000 Negroes in St. Dominique, ruled over efficiently and often cruelly by the 50,000 whites and mulattoes. The grinding servitude of the blacks produced chronic unrest and finally open rebellion. In 1791 under Toussaint l'Ouverture, an extraordinary military leader, and his lieutenants Dessalines, Christophe, and Pétion, the slaves finally rebelled. In a savage and bloody revolution, they slaughtered their white masters and established a free Black Nation which they hoped would be the second Republic in the Western World. Dessalines aptly named it *Haiti*, an Indian word meaning mountainous. Soon, however, Black leadership died out. The illiterate and undisciplined Africans lapsed backward into a most primitive form of peasantry. Local politics became ineffective and were punctuated by almost annual rebellions with frequent assassinations of succeeding chiefs of state. The once fertile plantations and sugar fields rapidly reverted to wilderness. Law, order, and economic stability became almost nonexistent.

In 1915 during a revolt and assassination in Port-au-Prince, our Marines

landed to restore safety in the capital city. This action by the United States prevented Germany from using the Port as a submarine base from which to attack our Panama Canal. Our Marines remained in Haiti until 1934. During these 19 years they built roads, bridges, reservoirs, telephone lines, and other material improvements. However, this military occupation was not popular with the Haitians who preferred freedom. An unexpected result was a doubling of the population, so that when our Marines departed there were four million Haitians occupying a country the size of Vermont.

Added to poverty, illiteracy, and over-population there is now the critical loss of Haiti's fertile topsoil which is being washed into the Caribbean due to neglectful and improper cultivation; many trees are needlessly cut down every year to make charcoal. Mass starvation will become a likely prospect unless corrective measures are employed.

Today Haiti is one of the most crowded and underdeveloped countries in the Western Hemisphere. The present government is struggling to provide some economic stability to the impoverished Republic. At the invitation of the President of Haiti, a U.S. Naval Mission of about 15 Marines is



Registration desk at the Hôpital Albert Schweitzer



Pediatric admitting office

stationed in Port-au-Prince to help train the army and police force.

HÔPITAL ALBERT SCHWEITZER

Some years ago Dr. and Mrs. William Larimer Mellon met Dr. Albert Schweitzer. They became so deeply impressed with this philosopher and his hospital work in French Equatorial Africa that they decided to follow his example somewhere in the Western Hemisphere. Schweitzer approved of their dream and permitted his name to be associated with their future hospital.

Dr. Mellon promptly enrolled at Tulane University in New Orleans where he subsequently obtained his medical degree. During this period he and Mrs. Mellon searched for a suitable place to build their hospital. They seriously considered the interior of Brazil along the Amazon River. Then an almost chance visit to Haiti so impressed them both with the desperate need of that poor country that they decided to build their hospital there.

The Haitian government offered

them 100 acres of land in the Artibonite River Valley, 90 miles by road from Port-au-Prince. This site had been previously used by an American fruit company and some of the company buildings were turned over to Dr. Mellon. Construction of a 100-bed hospital and other needed buildings began in 1954. In June 1956 the Hôpital Albert Schweitzer opened its doors to receive its first patients from the 250,000 peasants who live in the valley and surrounding hills of that area.

For the past three winters my wife and I have visited the Mellons in Haiti where we have observed their work with admiration and helped out where needed. The hospital operates a busy admitting and outpatient department where all kinds of medical, surgical, and pediatric cases are examined and treated. Many patients also attend the Eye and Dental clinics. A well-stocked pharmacy, a good chemistry laboratory, and an excellent diagnostic x-ray department are all located nearby. A modern Record Room contains a detailed chart on every patient. Since the opening of the hospital in June 1956, 36,800 patients have gone there for treatment.

Most of the medical and nursing

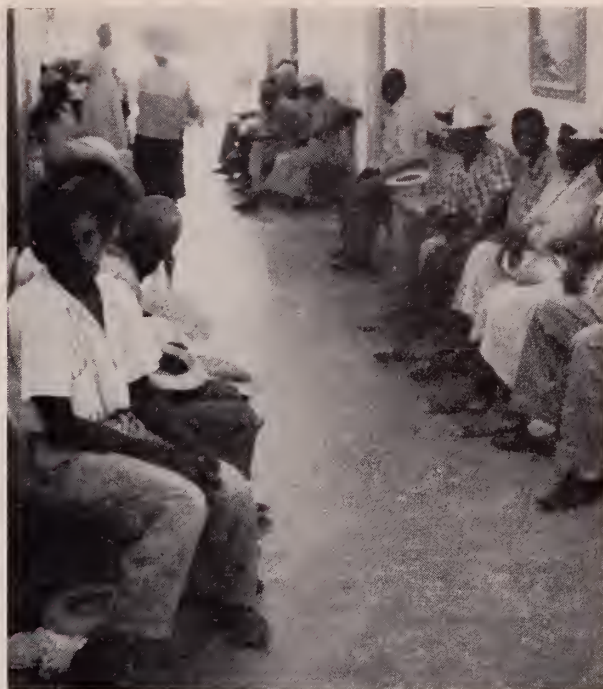
personnel come from the United States working on a service contract of 18 months or longer. Some Haitian doctors and nurses are also employed. Instruction in practical nursing is given to Haitian students. The Menonite Church has sent some fine nurses and laboratory technicians. Volunteers for short terms of service in various medical specialties are welcome, particularly when such visits have been prepared for in advance.

Pediatrics seems to be the busiest service. Many children in all stages of malnutrition are admitted. Some are far advanced, showing edema, skin rashes, and reddening of the hair, all due to derangement of electrolytes, fluid balance, and avitaminosis. Many desperately weakened children are salvaged by good medicine and devoted care. Blood is always available as the patients' families almost always contribute willingly to the blood bank.

An unusual pediatric problem is tetany of the newborn due to an old Haitian custom of rubbing charcoal on the umbilicus after ligating the cord. The charcoal which lies on the ground is often contaminated with tetanus spores. Fortunately many of these infected infants are saved with large doses of antitoxin and penicillin.



Pediatric ward



Outpatient Department

supplemented by the most meticulous nursing care.

Children crippled with bone tuberculosis and poliomyelitis are brought to the hospital at intervals when an orthopedic surgeon comes from Jamaica to supply corrective surgery.

Malaria and tuberculosis are the commonest diseases seen and treated on the Medical Service. Many of the tuberculosis patients can be cared for in a special outpatient clinic operated on Saturday mornings. Surprisingly enough, high blood pressure and peptic ulcers are regularly seen even in these people who live far removed from the tension of 20th century urban life. As would be expected, upper respiratory infections and pneumonia are rare. Both syphilis and yaws have been greatly reduced by a national program of penicillin treatment. Leprosy is present but rare. Leukemia and lymphoma are not as common as in the United States.

The Surgical Service has been unusually active during the past two years. During 1959 the Resident Surgeon made 750 operations, two thirds of which were of a major type. Two completely equipped air-conditioned operating rooms and an adjoining recovery area are located near the sur-

gical ward. A doctor anaesthetist, well-trained in intra-tracheal technics, is always available. The scrub nurses are experienced and often first-assist the surgeon. Blood is typed and ready in the bank. The skill of the surgeon and the degree of help available are about the only limits to the kind of surgery possible.

The usual variety of infections and traumatic injuries found on any good surgical service are also present in Haiti. Inguinal hernias, uterine fibroids and tropical leg ulcers are all common; gall-bladder disease, breast cancers, and peptic ulcers are regularly seen. During my visits a small number of interesting head and neck tumors were seen and treated. Unfortunately several of the cancer cases were too advanced for surgery.

In close association with the hospital life there is a Community Development Program which concerns itself with many activities of an educational nature. Such practical subjects as reading and writing, band music, home building, well digging, improved methods of agriculture and poultry raising are taught to Haitian children and adults. Recently a simple textbook on Creol (the French dialect spoken by the peasants) has been pub-

lished. As the director of this program so correctly points out, the number one problem to combat in Haiti is the illiteracy which still plagues almost 90% of the population. Religion is not neglected. There is a chapel in the hospital. An informal Vesper service is conducted on Sunday evenings with hymn singing and a short address often given by a visiting church or missionary officer.

Here ends an incomplete picture of Hôpital Albert Schweitzer located in its primitive Haitian valley where the plow and the wheel still remain almost unknown and unused. The men cultivate the soil with long-handled hoes. The women continue to carry heavy burdens on their heads. We have enjoyed our visits there to the beautiful valley with its warm weather and the companionship of good friends. We have found great inspiration and simple courage in this little community of unselfish teamwork. The friendliness, trust, and courage of most sick Haitian peasants and their children can be very appealing to those doctors and nurses entrusted with their care. This hospital is a place which strengthens one's belief in the essential dignity of man regardless of who he is or where he lives.

Editorial

A SLIVER OF "CULTURE"

Medicine, we all agree, demands the well-rounded man. And the pie-graph which this metaphor invokes includes, of course, a sliver of "culture." What "culture" is, or should be, is not clear, but in this age of marketing it seems most easily defined by its major markets: educational television, FM radio, middlebrow magazines, the local concert hall and art gallery. To Sir William Osler in an earlier age it seems to have meant Good Reading, much as represented by the Harvard Classics (fifteen minutes a day, remember?).

Classics teachers like to tell their students that the word scholar is derived from the Greek word for leisure; and in the writings of the cultured older generation of medicine there is a distinct flavor, amid the welter of quotations, of the importance of culture in establishing one as a gentleman (of the leisure class). It was gentility over a cigar, rather than alertness over a martini, to which their culture was handmaiden. But let us not in this vacation season completely deride this leisure of old, despite the patent fictions which surround it! Are we any better, as we shuttle between compulsive work (it may be) on the one hand, and the occupational therapy of our hobbies on the other?

The purpose of Good Reading, it is said, is to make the whole man. This round pie we have referred to does not, in this view, simply exist, but comes into being by an integrative function of the cerebral cortex — aided significantly by well-chosen reading. Unfortunately, reading, good and bad, can divide us not only from society for the time it takes to read, but perhaps also from ourselves by the load of irrelevant bric-a-brac with which it fills our heads. How, in this confusing age, are we to choose our reading, even when we have found the time in which to do it?

There are always the legitimate claims upon us of books we always wanted to read, and the books urged on us by friends whom we respect; and in addition there are books which catch our fancy for no obvious reason. An article by Hilary Koprowski in the *Bulletin of the New York Academy of Sciences* quotes "Dracula" by Bram Stoker, in a discussion of bats as a vector of rabies; and here it is — impossible *not* to read! Or there, in paperback, is "The Riddle of the Sands" by Erskine Childers — impossible not to own and read again. Indeed, a vast amount that might seem irrelevant or trivial may fit and even be necessary to the integration of which we spoke. And as for subject-matter — look how Homer Smith in his "Lectures on the Kidney" has shown us that the kidney is "the organ *par excellence* of evolution," and that urine is "the stuff of philosophy"!

Once in a while, however, there must also be a Mount Everest — a vast, serious book, to be slowly absorbed. For this, a vacation is necessary, and it must provide leisure — there must be a little built-in boredom, away from both work and "culture." The University of Chicago set of "Great Books of the Western World" looks rather forbidding, and the purchase of it seems rather a delusion of grandeur. Actually it can be considered a modern man's equivalent of the Bible (itself a collection of books) with Concordance (called, in the Chicago set, the Syntopicon). By the use of the latter it is possible to trace an idea, for example, the problem of

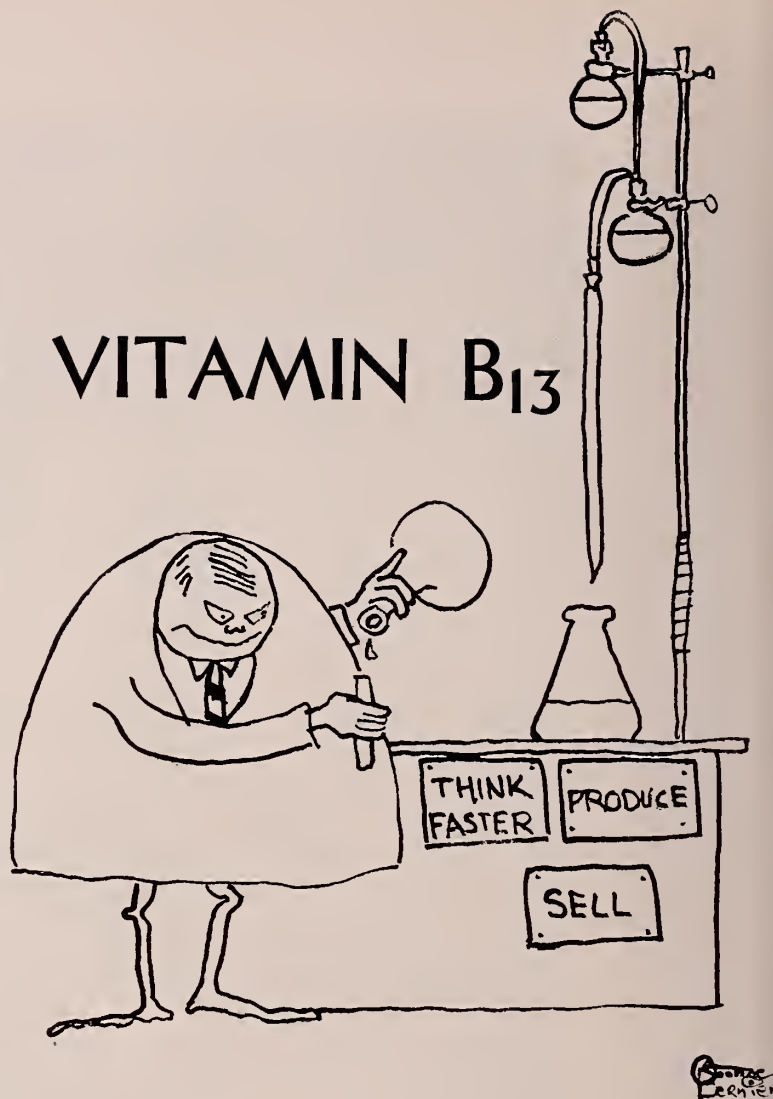


St. Jerome in His Study, by Dürer. The scholar at work (or leisure?). Can you imagine a telephone on that table?

evil in the world, from the "Book of Job" through Freud, with innumerable references to page and paragraph. The importance of the work of the Chicago group cannot be over-estimated, and it sets us moderns at once at an advantage over any older generation. It allows us to test the originality of an idea that seems new, to discover its evolution, to examine its facets, to see it at work in widely dispersed situations — from Homer to Tolstoy, from the *Divine Comedy* to *Moby Dick*. Ultimately, it makes it possible for us to be the conscious possessors of what we unconsciously inherit. For even though we are doctors, let us not underestimate ideas, nor forget that we are living in a world significantly determined by Locke and Jefferson, and by Marx and Lenin.

G.S.R.

THE SAGA OF VITAMIN B₁₃



A Pharmaceutical Triumph

YOU are all, I am sure, familiar with each chapter of the remarkable story of vitamin B₁₃ as it unfolded. But this exciting tale of discovery and development, exemplifying of the pharmaceutical industry's endless quest for betterment, deserves a recapitulation at this time.

It was back in late 1960, nearly two years ago, that the saga began. Hans Schuller-Christian, the brilliant

Dr. O'Meara is presently clinical instructor in medicine at the University of California School of Medicine and internist with the Sequoia Medical Group in Redwood City, California. Nothing particularly qualifies him to write this story.

professor of medicine at one of the most important Eastern medical schools, had been lured a short time before into the research ranks of Pfizz, Upchuck and Groan by an offer of three thousand shares of PU & G stock, an annual salary of \$75,000, plus an attractive continuing stock option arrangement.

Pfizz, Upchuck and Groan itself had just experienced a managerial revolution, with the presidency and all policy-making power passing into the hands of the advertising and sales branch of the corporation, in the person of Harry "Hard-Sell" Cradshaw. "Hard-Sell" had earned his reputation as director of sales and advertising

for the Pulley Brothers soap empire. His promotion of "Love," the liquid detergent, as the "Cream of Passion" to be used only by those "daring souls seeking the delicious intoxication of romance" was a masterpiece of advertising technique. In one year it made "Love" the largest selling detergent and doubled the value of Pulley Brothers' common stock. PU & G captured Cradshaw following this *tour de force* with an offer of the presidency and a free hand in reorganization.

Displaying his hard-headed managerial ability upon his arrival at PU & G, "Hard-Sell" ordered George Beardsley, his vice-president in charge of research, to obtain for him "the

smartest young research brain in American medicine." After intensive inquiry and consultations, Beardsley brought Schuller-Christian to the Chief. Cradshaw hired him immediately as Director of Research at the previously cited bountiful recompense. The thirty-eight-year-old Schuller-Christian, whose \$15,000 yearly salary was near his peak earning capacity in academic circles, was dazzled by the offer and accepted, agreeing to Cradshaw's only stipulation that he be a loyal member of the PU & G team.

Cradshaw decided that an entirely new direction was needed in research and product development. With serendipity remarkable for one so new to the drug game, he fell upon the answer himself. He noted that the B vitamins, long big earners for the drug houses, were in a quiescent state. The discovery of Vitamin B₁₂ in 1948 had been followed by several years of very profitable promotion, but the glamour of Vitamin B₁₂ had now dimmed. As a specific for "that tired feeling," it had gradually lost out to the psychic energizers.

"Hard-Sell" sent a memo to Schuller-Christian with the succinct notation — "Research up a Vitamin B₁₃! Make it Big, Really BIG!"

S.-C. was still adjusting himself to the philosophy and pace of pharmaceutical research, so different from that of the ivory towers of academic medicine, and the memo from the Chief came as a jolt. After briefly reviewing the vitamin field he presented his objections to Cradshaw. "You just can't conjure up a new vitamin out of thin air," he tried to explain.

"Nonsense," snorted Cradshaw, over-riding the protest. "Twelve and one make thirteen, don't they? Tell our synthetic chemists to combine B₁₂ and B₁, and we will have the hottest wonder drug of this decade."

"But we don't have any idea what this combination would do, much less whether it would have any therapeutic value," continued Schuller-Christian.

"You give us the drug and we will decide what it's good for," the hard-headed Chief persisted. "I can think of at least a dozen maladies that it would be the best damn drug for yet — housewife's fatigue, salesman's nerves, the three o'clock letdown, flaccidity of middle-aged men — why our list of indications will cover three pages by the time we're through. You just produce the B₁₃, and keep this top secret. We'll call it 'Operation Panacea'."

Schuller-Christian was dejected following this encounter with "Hard-Sell." Only the encouragement of his wife, who had quickly become adapted to living in the Grand Fashion, kept him at PU & G. He even decided that the old boy might be right. Maybe the combination of cyanocobalamin and thiamine would be interesting.

The synthetic chemists at PU & G were a talented lot, and under Schuller-Christian's direction they systematically subjected the B₁ and B₁₂ to a wide variety of biosynthetic maneuvers. They finally achieved a linkage between the phosphate of the cyanocobalamin and the thiazole N of the thiamine, while maintaining the integrity of the rest of the component molecules.

The resultant cyanocothiamine (or Vitamin B₁₃, as it was quickly called, in deference to the Chief) proved to be an astonishing substance biologically. Extensive and exhaustive testing in a wide variety of laboratory animals from the suckling hamster to the corn-fed capon proved it to be absolutely inert. Even in massive doses of more than one gram daily it had no effect on growth, metabolism, hormone output, behavior, or any other discernible parameter. In addition it showed no B₁ or B₁₂ activity.

After this heroic testing program, which strained the facilities of PU & G's huge animal farm, Schuller-Christian reported the negative results to the Chief, hoping that this would end the costly project.

But Cradshaw's interest turned to enthusiasm as S.-C. reported one negative result after another. "Wonderful!" he exclaimed. "The perfect drug — absolutely no side effects! This will make you famous and PU & G rich, Hans! We'll sink ten million in a clinical testing and promotion program that will set American medicine on its ear!"

Supplies of JP 1313, as the cyanocothiamine was secretively called, were distributed, with accompanying brochures hinting that this was the long desired elixir of life. The negative animal studies were cited in support of the idea that this was a super-vitamin, specific for and active in only the highest animal — man. Only the most remarkable results could be expected from such a remarkable agent. And its absolute safety was repeatedly emphasized.

In addition to the "Big Name Labs," as the PU & G people referred to the prestige investigators, hundreds of "Small Fish" also received supplies of JP 1313. "Small Fish" was the trade appellation for the many eager self-styled "clinical investigators" made up of young residents in training, happy to break into the literature via the drug-testing route, as well as established practitioners, equally enthused to be able to see forty patients a day and still "do research." The "Small Fish" received the JP 1313, grants to cover all expenses, and of course, the brochures. The researchers then proceeded to try JP 1313 in every con-



ceivable medical situation. Gynecologists used it for the menopause; psychiatrists tested it in neurotic and psychotic states; urologists tried it for impotence; general practitioners as well as every species and subspecies of specialist got into the act.

Not all the drug testers were uncritical. The quick screening by the PU & G area research directors did not keep out a few people who were determined to perform objective and carefully controlled studies. However, the work of the latter misfits was ignored, never to see the light of publication, as the mass of reports was returned.

Most of the studies were of a testimonial nature. The researchers were given cards on which they recorded the daily dose, periodic laboratory tests, and the response of the patient. Mrs. Jones had suffered from "gas" for years. After two days of this new special medicine, doled out so carefully and with such a background of precaution and interest, she was miraculously degassed! Likewise old Mr. Smith; after one dose he felt more sprightly than he had felt in twenty years. "Danced a jig today" was the notation written for the first follow-up visit.

This pattern was repeated thousands of times. "Hard-Sell" had been conservative; the list of indications would exceed ten pages. As the research progressed, PU & G invited the more enthusiastic of its volunteer workers to all-expense-paid company conferences, where they were amply wined and dined and given the opportunity to share their wonderful results with each other. Their fervor heightened, they returned to the precincts to grind out more affirmative ballots for JP 1313.

After several months began the reaping of the harvest of thousands of cards. The well staffed and efficient editorial department of Pfizz, Upchuck and Groan did all the work. The researchers just sent in the cards. Some of the more conscientious tallied up their own totals, but largely this was left to the company statisticians. The votes were counted and PU & G writers composed the papers. The latter modestly refused to take authorship credit for their labors, but gave the glory for this latest medical advance to the volunteer researchers.

The PU & G editorial department had a knack for getting its papers into publication quickly. The many dozen provincial medical journals throughout the country often had trouble fill-

ing their pages. The well-written and well-illustrated "original research" papers submitted by PU & G were appreciated. Nor was the fact that the journals were heavily subsidized by advertising income from PU & G and the other drug houses ever forgotten. So within a month the first reports began to appear in such periodicals as the *West Rockland Journal of Medicine*, the *Mohawk Valley Medical Gazette*, and of course the giveaways.

While these momentous events were taking place, the important question of naming the new wonder drug was being debated in PU & G's Nomenclature Section. Normally the name of a new drug was selected from about half a dozen submitted by the company Univac computer. But Cradshaw insisted on bypassing the computer on this, his pet drug, and announced that the name of JP 1313 or Vitamin B₁₃ would be simply VIM.

"If one syllable can sell soap, it should sell drugs," the Chief argued.

The old hands in the Nomenclature Section tactfully persuaded "Hard-Sell" to alter it to *bioVIM*, to give the name a more professional ring. A quick consumer-response survey by the motivational research section confirmed the choice. BioVIM had only the most favorable connotations, the dissection of consumer entrails by the MR augurs revealed. So B₁₃, the lucky vitamin, became bioVIM!

Before the first medical article appeared in print, PU & G began its promotion of bioVIM to doctors. Here again "Hard-Sell" Cradshaw lived up to his reputation for imaginative salesmanship.

The promotion experts at PU & G were about to begin a campaign based on the usual techniques. There would be gaudily colored and extravagantly phrased (bioVIM adds Vim to Life!) mailings originating in Addis Ababa, Montevideo, Tahiti, Pocatello, Idaho, and a submarine under the Arctic ice-cap. These would be timed to arrive in the doctors' offices on consecutive days. When resistance had been softened by two weeks of this long-range saturation bombardment, the PU & G shock troops, the detail men, would storm the ramparts, bribing their way past the receptionists manning the outer defenses, and bursting into the *sancta sanctorum*, armed with preprints, charts, graphs, and of course samples (with vitamins for the kiddies).

It was an expensive and ambitious campaign that had been planned, but "Hard-Sell" vetoed it.

"Humdrum! No imagination!" he roared. "All old tricks. Not a new damn idea in the whole plan! But I've got some new ideas even if you tired old hucksters haven't. What's the one thing that'll catch a doctor's attention these days? Not post cards from Timbuktu, you can be sure. It's S-T-O-C-K-S, Stocks! that's what!"

"We're going to give every doctor in the country one share of PU & G common for 'good-will,'" Cradshaw continued, "together with the hint that the stuff will skyrocket when bioVIM hits the drugstores. And with every visit by one of our detail men they will get a certificate permitting them to get another share at half price. They will be clamoring for visits from the detail men. We'll have to double the force to meet the demand. Every doc in the U.S. will be a co-owner of PU & G and will be pushing bioVIM for all he's worth."

The sales and promotion staff stood open-mouthed and silent in awed respect to the genius of the Chief.

His plan was followed in every detail. The only concession to standard promotional technique was the planting of articles in the lay press. Nearly every magazine and newspaper in the country from the *Wall Street Journal* to *McCall's* soon featured lurid stories about this sensational new wonder drug. The *Reader's Digest* had a lead article entitled "The Divine Drug" which described in exciting detail how cases of nearly every type of illness affecting heart, liver, lung or what have you, responded miraculously to bioVIM. "Such a wonder drug is truly a gift from God, the Divine Healer," the article concluded. These releases preceded the appearance of the articles in the professional journals, as is the usual practice. The result of this was to build up a tremendous consumer demand that even the most scrupulous physician would find hard to resist.

I need not recount the fantastic success scored by bioVIM; you are all familiar with it. Selling at ninety cents per 100-milligram tablet ("A regular supply costs less than feeding the children"), bioVIM within two months earned all the millions spent in "research and development." Within one year it had earned two hundred million for PU & G, and had become the all-time high earner for the drug industry. Pfizz, Upchuck and Groan stock did indeed skyrocket; Cradshaw and Schuller-Christian received fat bonuses; and medical science chalked up another dazzling triumph.

HONORS

The *Bulletin* is proud to record an honor awarded to Dean GEORGE P. BERRY, in recognition of his efforts on behalf of medical education.

New York Medical College, in commemorating the 100th anniversary of the receipt of its charter, combined the observance with a tribute to those who were considered to have done most in recent years to strengthen medical education. The Centennial's theme was: "For the Survival of Mankind, Progress in the Medical Sciences."

Dr. Berry was one of seventeen, sixteen men and one woman, who were honored at the Centennial Dinner of the College at the Hotel Waldorf-Astoria, on April 18th. Nominations for this award came from the deans of the 85 medical schools in the United States, in response to a request from Dr. Ralph E. Snyder, President and Dean of New York Medical College. Men and women, physicians and laymen, public figures and private citizens, legislators, administrators and philanthropists were among those given consideration.



Facing sides of the medal presented to Dr. Berry by New York Medical College in recognition of distinguished service

Dr. Berry received a Centennial Medal, designed by the noted sculptor, Abram Balskie. The design on the engraved medal (right) is symbolic: on the obverse side the centaur Chiron, traditional symbol of teaching in medicine, represents medical education. His pupil and disciple Aesculapius, hero physician of the Ho-

meric Greeks and patron of the art of healing, eclipses Chiron. Hygeia, daughter of Aesculapius, goddess of health and research, is symbolic of the purpose and function of medicine. The three allegorical figures sum up the program of the College and its hospitals, teaching, healing and medical research.

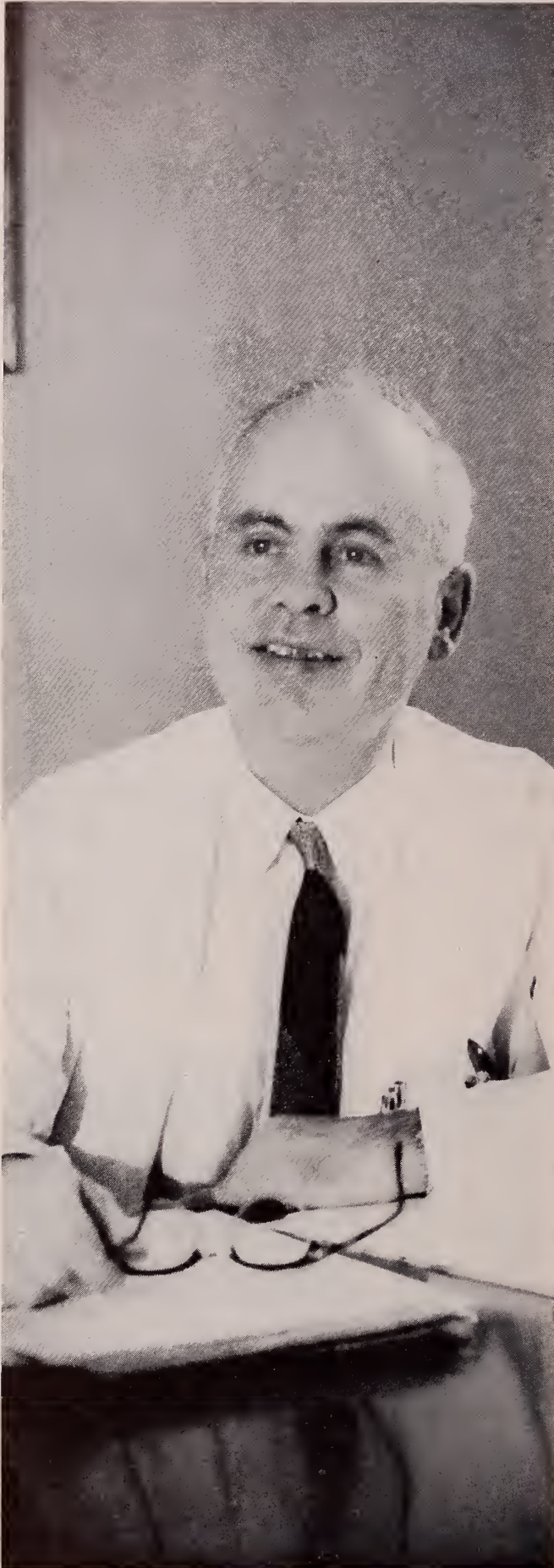
SHIELDS WARREN, '23, Professor of Pathology at the New England Deaconess Hospital, was recently presented the Gerhard Medal by the Philadelphia Pathological Society for his research in pathology. In presenting the Award the president of the Society, Dr. Andrew Donnelly, commended Dr. Warren on his papers, numbering nearly 100, on the biologic effects of radiant energy. "Most of these," he said, "are original investigations and have the same pattern of precise concept and painstaking execution that characterizes his work. . . . Few, indeed, of our contemporaries in pathology have touched the course of progress in so many fields of medicine."



Obverse of the Gerhard Medal, awarded to Dr. Shields Warren



Reverse of the Gerhard Medal



WHY ARE WE

Currently we are at the end of an era in the wave of popularity of postgraduate education in general and medical education in particular (Fig. 1). Beginning with World War II and extending through the postwar period of G.I. benefits, there was an enormous increase in the number of applicants to medical schools. The only valid explanation for this is the greater financial availability of the long medical education, and it is an indication of the great yearning for a career in medicine among the general population. A recent Roper poll of a cross section of the American public found that if people had their lives to live over, 25 per cent of them would have gone into medicine.

To be sure, the great accomplishments of medicine in the past 20 years, and the accompanying publicity, have increased the glamour of the profession in the public eye, but this cannot be a really significant factor in its postwar popularity since the glamour has certainly not *decreased* subsequently at the same rate as the number of applicants to medical schools has fallen. Medical-school applicants are now a lower percentage of the population than in 1938. Of even more concern, as seen in Figure 2, is the fact that the academic quality of the applicants has declined faster than the quantity.

Although Harvard has participated equally with other schools in the drop in numbers of applicants, it has not suffered from lack of quality. The academic promise of our entering classes today is higher than ever. This is illustrated in Figure 3. Indeed, during the past five years, while the college record of the national pool of applicants has been falling, ours has been steadily improving.

Nevertheless, many schools are having difficulty filling their places with qualified men and we must be seriously concerned with this general trend. Some state schools have, *mirabile dictu*, even been forced to open their doors to nonresidents, and there can only result a significant improvement thereby in the average quality of future medical care throughout the country.

What are the reasons for this decline in interest in medicine as a career? Some of the answers are provided

Dr. Emerson's article is based on his talk to the Alumni on May 27. Dr. Emerson is resigning this year as Assistant Dean for Admissions to become Visiting Physician at the Boston Lying-in Hospital.

LOSING MEDICAL STUDENTS?

Kendall Emerson, Jr., '33

ASSISTANT DEAN FOR ADMISSIONS

by Dr. Daniel Funkenstein, a member of our Admissions Committee who has devoted much of his time to the psychology of the college student. He has recently been interviewing college students at Harvard and elsewhere who had entered college with the intention of becoming physicians but had changed their minds.

The sixty or more students so interviewed may be divided into three approximately equal groups. The first group consists of young men who have found in college a fascination in, and talent for, pure science. These are a superb group of men, both intellectually and personally. They would be eagerly sought by any medical school in the country and, five years ago, many of them would have entered medicine. Today, however, they are lured away by the magic of nuclear physics and biological chemistry. They honestly believe they can serve mankind better in pure science. Moreover, their path has been made easier by the increasing availability of fellowships and other immediate financial support and by the greater number and respectability of professorships in their fields.

These are men of the highest integrity, however, not swayed primarily by economic considerations, and, for the most part, should not be considered a loss to medicine. Rather they are entering fields closely allied to medicine and many of them will be working hand in hand with physicians in laboratories, contributing their specialized skills to medical science.

The second group, comprising another third of those college students turning away from medicine, is one which we should examine especially carefully. These are the young men who enter college with the ideal of a family physician in mind, imbued with the spirit of humanitarian service. They have those qualities of warmth and compassion needed in the physician, and moreover they have a high degree of human insight and intelligence. Unfortunately they find a lack of interest in and aptitude for scientific subjects; while achieving A's in the liberal arts, they have to struggle to make C's in the natural sciences. Disillusioned, they turn to law, teaching, journalism or rarely to business. They may be discouraged by their college advisors, or even sometimes, I fear, by medical-school admissions committees. They are frightened off by the great emphasis on science in medicine.

In their contacts with the modern teaching hospital, they fail to find that ideal of the family physician which

first inspired them. But they have too much pride and intellectual sophistication to settle for any but the best medical schools, and knowing their chances of admission are remote, they look to other careers. Many of these men are a real loss to medicine, and we should take a careful look at ways of proselytizing this group and bringing more of them into the fold. Every Alumnus has an opportunity here to help the future of medicine by encouraging such individuals and bringing them to the attention of admissions committees. If the present decline in medical aspirants continues, these committees will be more and more tolerant of their scientific deficiencies and attentive to their personal qualities.

The third group of college men turning away from medicine may be classified as miscellaneous but consists mostly of those individuals who haven't yet found themselves. They jump from the consideration of one career to another, and medicine is just a stop on the way. Some of these may return to it when they have matured, but for the most part this group is not a loss to the profession.

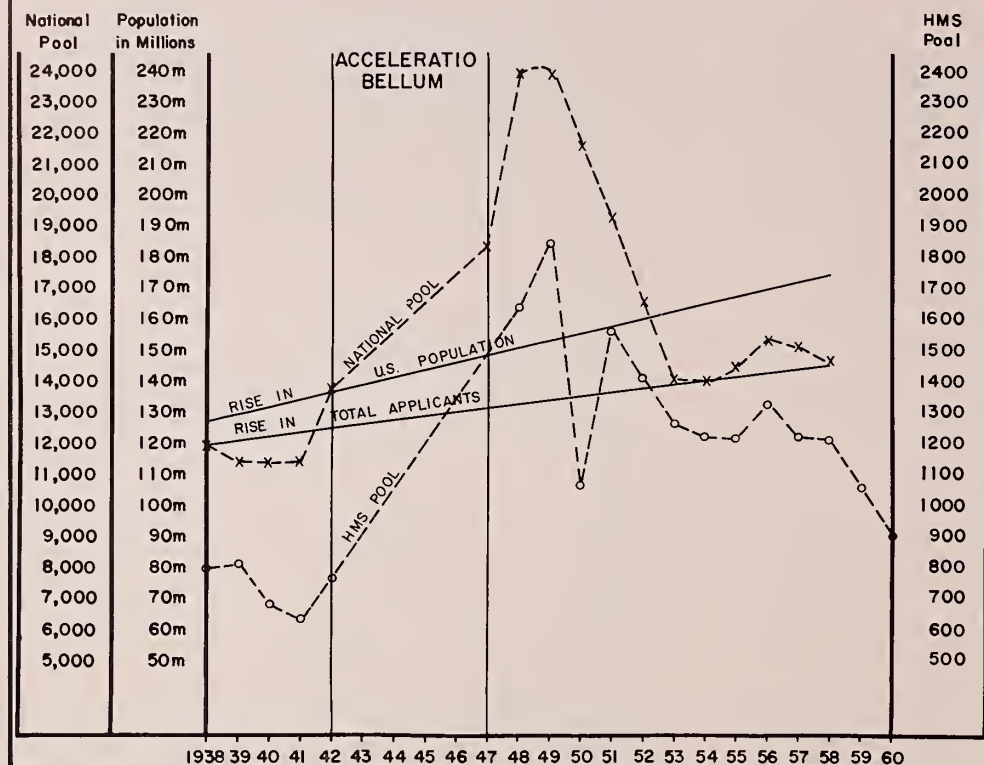
Fortunately the ranks of these defectors are partially made up by a group of young men and women who first discover a leaning toward medicine in college. A study of this group at Harvard College has shown that it comprises some of the finest minds in the school, especially among the graduates of private preparatory schools.

The central core of the problem now facing medical education may be summed up in the words of former President Henry Wriston of Brown: "The vast expansion of knowledge today constitutes a revolution as real as the industrial revolution of the 19th century and the social revolution of the 20th. No individual can any longer be universally competent." And yet we are still striving to make the medical student more nearly universally competent than the student in any other postgraduate field.

Medicine appeals to a wide variety of individuals with differing tastes and capabilities. In college they have the opportunity to indulge their tastes and discover their capabilities whether in the arts and humanities, the natural or social sciences or extracurricular activities. Unfortunately, during the final two years of college the competitive pressure of gaining entrance to medical school may force them unnecessarily to curtail their natural interests, but this competition cannot change their fundamental orientation and innate talent. It does, however,

RELATION OF NATIONAL POOL OF MEDICAL SCHOOL APPLICANTS TO HARVARD POOL AND U.S. POPULATION 1938-1958

Figure 1.



succeeded in turning away some of the best men from medicine, sometimes in disgust or disillusionment, sometimes as a result of the machinations of a college professor who, recognizing a particular talent in his own field, lures the faltering student into it with the simple advice: "You are too good for medicine." We physicians have not enough opportunity for counter-propaganda at the college level. Here again may I point out the challenge to you Alumni to steer these men back onto the straight and narrow path.

Having survived all these hazards and achieved his goal of medical school, the student, regardless of his previous and ultimate orientation, is thrust headlong into a single tunnel, the study of the basic medical sciences. Here he either adapts naturally or by conscious effort, or he postpones satisfaction or achieves it by activities outside the medical curriculum, or, too often, he flees the situation. To prevent this, many devices have been set up by the medical-school faculty and administration, but in spite of them, the greatest attrition rate among medical students occurs in the first year.

Once beyond the rut of the basic medical sciences, the student is free to seek his own identity as a physician and later a specialist. Curiously enough, however, the second highest rate of attrition occurs during the third year of medical school. This is the other side of the coin. Here student A, the natural scientist who was happy and content in his laboratory studies, suddenly finds himself unable to cope with the problem of dealing with human

beings. Some may be rescued by the psychiatrist but others fall unhappily by the wayside, in fear and panic.

Admissions committees are looking for those applicants who are skilled in both the sciences and the humanities. Theirs is the straightest and most uncomplicated path to success in medicine. But these individuals are few and far between, and if we try to confine our selection to them alone, we run the risk of producing a stereotyped product and missing the priceless contributions which both the pure scholar in the liberal arts and the pure scientist can make to medicine.

I have raised two problems here: first, how to get more good students of all kinds into medical schools; second, how to get them out. In reality one is the corollary of the other and the same solutions should apply to both.

What are some of these solutions? Should there be two types of medical schools, one for medical practitioners and one for medical scientists? This is to a considerable extent the case today, for all practical purposes, although not officially recognized by the schools in question. The division is one of necessity rather than choice. By a process of natural selection two-thirds of the medical schools turn out three-fourths of the practitioners, and one-third produces three-fourths of the teachers and investigators. I am not too sure that this process of selection is entirely natural. More likely, it has grown like Topsy as a result of many random forces. This system has been purposely developed by the Russians, so perhaps we should look into it more carefully.

UNDERGRADUATE GRADE AVERAGES OF ACCEPTED STUDENTS

	A		B		C	
Class	H.M.S.	Nat'l.	H.M.S.	Nat'l.	H.M.S.	Nat'l.
1954	45(38%)	40%	66(57%)	43%	4(3%)	17%
1955	58(50%)	30%	53(46%)	55%	3(3%)	15%
1956	50(44%)	18%	59(52%)	68%	5(4%)	14%
1957	45(38%)	21%	67(58%)	69%	2(2%)	10%
1958	67(59%)	17%	45(39%)	69%	1(.9%)	14%
1959	68(59%)	16%	46(40%)	70%	1(.9%)	14%
1960	63(54%)		51(44%)		2(2%)	
1961	65(57%)		48(42%)		1(.9%)	
1962	65(57%)		49(43%)		0	

Figure 2.

MEDICAL COLLEGE ADMISSION TEST AVERAGE MEAN SCORES FOR H.M.S. APPLICANTS

CLASS ENTERING IN	APPLICANT POOL	ACCEPTED GROUP
1956	553	631
1957	548	620
1958	560	629
1959	565	636
1960	575	640

Figure 3.

MAJOR INTEREST FIELDS OF ENTERING H.M.S. STUDENTS AS MEASURED BY STRONG VOCATIONAL INTEREST TEST

I	Biological Sciences	75
II	Natural Sciences	31
IV	Technology	9
V	Service	54
VIII	Business	3
IX	Salesmanship	1
X	Verbal-Linguistics	21
	No Pattern	10

Figure 4.

Is the gradual transition from college to medical school, as recently instituted by Hopkins and Stanford, a possible solution? For one, two or even three years, courses may be pursued in both institutions simultaneously. This has the advantage that many undecided college students may have a try at medicine to see what it is like before making up their minds, and the water isn't quite so cold when they finally take the plunge. Of great interest in this connection is the fact that Stanford was almost the only school to have more applicants this year than last even though their curriculum requires five years instead of four. I cannot but feel a deep sympathy, however, for the admissions committee which has to select its medical students after only one or two years of college.

Would it be advisable to have a combined Ph.D., M.D. program for the first two years, leaving the decision of which course to pursue until later, as is done by Chicago, Colorado and some other schools? This would weed out the pure scientist who was not meant to be a physician, as well as the physician who thought he was a scientist.

Should the curriculum be more flexible and more streamlined so that students have a greater opportunity to indulge their interests in each year of medical school? This is what we are attempting to do here at Harvard, but it is proving difficult to keep the expanding fields of medical knowledge from encroaching on the student's free time. I am happy to say, however, that of our two seniors who are graduating *magna cum laude* this year, the highest academic honor in their class, one majored in Latin in college and the other in the Social Sciences. This is an indication to my mind that a medical-school curriculum can be so designed as to appeal throughout, both to the scientist and the humanitarian, to the artist and the engineer, and that our Faculty is approaching this goal.

I do not pretend that we yet have the solution to these problems and, while they are being sought, the humble admissions committee must carry on its work as best it can, trying to solve the problem of getting those students into medical school who can get out. Throughout the country this is not an easy task, as indicated by the drop-out rate of 10 per cent, or 700-800 students, each year, enough to fill a half-dozen new schools of medicine.

At Harvard we are more fortunate and the attrition rate has averaged only 3.5% over the past ten years. We have no need to pat ourselves on the back in view of the superior pool of applicants we have to choose from, but this very fact has perhaps given us an experience in the selection of the ideal medical student which is granted to few other such committees. And in recent years we have received much encouragement from the "post facto" analysis by our psychologists. Two years ago I told you of the forces motivating our accepted students, as determined by the Strong Vocational Interest test shown in Figure 4. These results give us much courage and confidence that our efforts are not in vain.



The Borden arms carries as a crest, "a lion rampant, holding a Battle-Axe proper."

DIAGNOSIS DEFERRED

A Spattering of Blood

IT will come as no surprise to the *Bulletin's* captive audience that graduates of Harvard Medical School have reached out again and again to retrieve the unfortunate from death. It would be difficult to enumerate the number of medical triumphs accredited to graduates of our School. A listing of these illustrious men would be received by any honorable Harvard Medical School graduate with a nod or a casual "Why, of course."

To that same captive and contented audience, information establishing a relationship between a Harvard Medical School graduate and the Law would, on the other hand, produce keen edge-of-chair interest. Add to such a situation a touch of embezzlement or a drop or two of spattered human blood and your complacent audience is with you lock, stock and barrel. There's something terribly fascinating about the association of a reputable doctor with mishandled funds or a mysterious death, even if he is not himself culpable.

Such must have been the situation in 1892, when Lizzie Borden was accused of raising her hatchet, and Harvard Medical School's best were called to the courtroom at Fall River to once again snatch an unfortunate

from the jaws of death. Disease or no, prevention of a fatal outcome was the order of the moment, and Harvard's prestigious sons met the challenge. After all, when a messy murder is committed, and when blood is spilt or spattered, who is better qualified to give an opinion than a doctor, and who better than a Harvard doctor, at that?

Three of Harvard's best were called to the courtroom. Dr. Frank W. Draper, Professor of Legal Medicine at Harvard Medical School and a medical examiner for Suffolk County, took the stand and vouchsafed experience totaling 3,500 homicidal deaths and courtroom appearances amounting to six or more per year since 1877. He had taken part in the autopsy and examination of the wounds of both Mr. and Mrs. Borden. He had seen the heinous hatchet and was convinced that it was the murder weapon.

Dr. David W. Cheever, Professor of Surgery at Harvard Medical School and at the Boston City Hospital, was then called forth as a witness and asked to hold one of the deceased's skulls as Dr. Draper placed the hatchet in the wound. It was Dr. Cheever who agreed that the assailant must of

"hair taken from the hatchet." No human blood was found, however, and the hair taken from the hatchet was thought to be unquestionably animal in origin. One spot of blood alone was found, and this on the white skirt. It was 1/16 inch in diameter. The corpuscles, examined by a "high-power microscope," averaged 1/3243 inch in size and were "consistent with human blood," although Professor Wood pointed out that the blood of a seal, possum and one variety of guinea pig shows similar measurements (but were clearly not involved in the crime).

It was Professor Wood's final opin-

ion that the substantial amounts of blood spattered about as a result of these less-than-tidy murders could not have been concealed or washed off so completely as to leave no trace on the hatchet — or on some other of Lizzie's appurtenances.

While not denying the tenuousness of the evidence, we are nonetheless left with the awesome thought that the entire case turned on the spattering of human blood — or lack of it — on the clothing of the accused. May we take comfort in the thought that once again, three of Harvard's sons met the challenge and saved the "patient."

Reprinted from MAD magazine, June, 1960

necessity have been spattered with blood, although, when interrogated by the attorney for the plaintiff, he agreed that during a surgical operation a garment could be worn which would prevent the blood from spattering one's clothing.*

Harvard Medical School's next witness, Professor of Chemistry Edward S. Wood, came forward with testimony based not on anatomy or suppositions but on basic chemistry. Professing a broad background in medico-legal cases involving poisons and bloodstains, and extensive trial experience including a large number of capital cases,† he offered what turned out to be the "clincher" in Lizzie's defense. The claw-hammer hatchet that Professor Wood examined (and it was perhaps neatly swapped for the murder implement) contained, he testified, no blood along its jagged blade. Professor Wood also showed his thoroughness by checking two axes, Lizzie's blue dress, a white skirt, the sitting-room carpet, lounge cover; and three small envelopes, two with hair from the deceased and one labelled

*Certainly a macabre concept of surgery to be spread among the lay.

†Boasting — like any Harvard man.

MOTHER'S DAY 1892



When I was just a little child,
You always said I was too wild:
You punished me for all my pranks
And gave my backside forty spansks:
And then, when you were good and done,
Dear Papa gave me forty-one:
I really doubt, sweet Mother dear,
Next Mother's Day, you'll both be here!

your daughter, Fizzie Borden

Alumni Day and

*Dr. Gardella interviews
an honored Alumnus
(story on pp. 30-31).*

"WHENEVER things were not going right for Aunt Amelia, she simply leaned back and remembered she was an Apley."* This is how retiring President of the Alumni Association, Rolf Lium, '33, opened the two-day program of Alumni Day and Class Day this year. He suggested that Harvard Medical Alumni do the same. Many had occasion during the two days to lean back and watch the new flag with the Dean's innovation, a red border around the white field and Harvard shield, and agree with Dr. Lium. After more than a week of rain, the sun shone and the breeze was sweet.

The tents on Longwood Quadrangle have mushroomed since their first appearance in 1951, and steadied since the speaker's canopy blew down in shreds in 1955. The numbers have grown but the feelings of warmth and friendship were all present.

At 9:30 on Friday morning, the Presidium was already at its annual business, ramming the Council Elections through the Supreme Soviet in D Amphitheatre. By a unanimous vote, Dr. Samuel Levine, '14, Clinical Professor of Medicine *Emeritus*, was elected to succeed Charles Huggins, '24, in 1961. The three new Alumni Council members, chosen by orderly spring balloting from a panel of six, were approved. They are: Howard Ulfelder, '36; Benjamin W. Carey, '32; and Calvin Plimpton, '43A. Retiring members are John T. Bowler, '19; George Crile, '33; and Arthur T. Hertig, '30.

Drugs, Doctors and Politics

With its usual knack for sniffing out winners, the Symposium Committee

*"When I am depressed, I remember I am an Apley" — Amelia Apley Simmings, in *The Late George Apley*.

had managed to select two of the new Council members for its morning panel: Dr. Calvin Plimpton and Dr. Benjamin Carey.

In introducing Dr. Carey, Dr. Curtis Prout, '41, cautioned the audience: "If anyone who looks like a process-server shows up, please restrain him for twenty minutes." He was protecting Dr. Carey, who represented Lederle Laboratories as their Medical Director in the recent Congressional Investigations. Dr. Carey was not sure until the last minute whether he would be defending Lederle before the Alumni on May 27, or before Senator Kefauver's committee.

Lederle Laboratories, he said, plan that within the next five years, two-thirds of their sales will come from products not now on the market. For those who shuddered at the thought, he issued a mild tut-tut. The more new drugs are brought onto the market, he said, the more responsibility the drug-company physician has for testing the drugs before they are used. He recalled the year of his graduation, 1932, and remembered the minor role of the drug firms in that era. He himself would have been amazed, he said, had he foreseen his own future as Medical Director, and the enormous role of the pharmaceutical industry in medicine.

"A medical director's first responsibility," he said, "is to advise his own management what new drugs may or may not be needed," and he led the Alumni down the labyrinths of a medical director's other duties, which include choosing which projects to push and which to drop, giving professional advice to non-technical members of his management team, possessing the ability to evaluate laboratory tests in order to advise lay physicians, checking advertising copy for medical

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journals, and acting as the company's spokesman. "The whole new field of clinical evaluation," he concluded, "is developing as a discipline in its own right. More clinical investigators must be trained to do this work."

Why Are We Losing Medical Students?

The accent of this year's Symposium, if there was an accent, was on medical education. Dr. Kendall Emerson's talk on the present state of the student admission problem is published on page 20.

Medical Education on the Cuff

Dr. Prout introduced the next speaker, Dr. Joseph Gardella, by recalling Dr. Emerson's statistics: Harvard, he said, doesn't have enough salesmen, administrators and verbal-linguistics men and so they have to import them from Johns Hopkins. Dr. Gardella, having once reached the exclusive security of the microphone, thanked Dr. Prout for his "ambiguous remarks" and used his verbal-linguistic talents to recall that the Harvard moderator, whatever his orientation, had been far from the soul of dignity as a resident at Hopkins.

Dr. Gardella, who has been Assistant Dean for Student Affairs since 1954, stated that, for every dollar the student pays to the School, the School returns to him 50¢. In a little more than a decade, the amount of financial aid provided by the School has risen from \$30,000 a year to well over \$300,000. Scholarship awards, said Dr. Gardella, in contrast to the early thirties, are now made almost entirely on the basis of financial need. "Once we get our hands on the student, he



Above: Charles B. Huggins, '24, President of the Alumni Association, and Samuel Levine, '14, President-elect. Below: Howard Sprague, '22, left, and members of the Class of 1910 listen to the Symposium.



Below: Alumni officers and Symposium speakers; back row: James Jackson, '43A, John Brooks, '43B, Benjamin Tenney, Jr., '25; front: Curtis Prout, '41, David McL. Greeley, '37, Samuel Levine, '14.



"But Dad, truck drivers make more money."



CLASS DAY

"Stop, you dope! Someone's taking our picture!"



"What are you doing in 1975?"





"Let's get to the bottom of this."

Photos by William Tobey
and Betty Leane



*"humor," "hobby," and "give freely:"
Dr. George W. Thorn, Class Day Speaker*

"But Dr. Walter, it's clean dirt!"





Above, Alexander Forbes and the Harold Libbys, all of the Class of 1910, lunch together on the Quadrangle. Below: members of 1935, the twenty-five-year Reunion Class.



Below, Calvin Plimpton, '43A, center, chats with George Starkey, '43A, at the Amherst table on Alumni Day.



is soon dissuaded from the Puritan canon that 'one must not borrow,' he said. "The School makes every effort, however, to protect the indigent student from great indebtedness. It is therefore the student with the largest loan indebtedness who receives the largest scholarship.

"Our students," he concluded, "no longer conceal their bitterness or their cynical regard for the financial obstacles to a medical education. They consider ridiculous the philosophy by which our government elects to give full financial support to Ph.D. candidates, irrespective of need, while an indigent medical student must wallow in want. Each year, more numerous and more sweeping proposals to aid the student pour into the Congressional hoppers. The latest and most publicized of these is the Fogarty Bill, which is designed to combine federal and state aid to the tune of 20 million dollars per year for scholarship to students of medicine and dentistry. A rough calculation suggests that this amount would come within 80% of paying the total national tuition bill."

Without doubt he who received the greatest ovation at the Alumni festivities was Dr. Christopher Anthony-Armstrong-Weatherly-White, allegedly one-time student, long-time resident, no-time solvent young physician now finishing his house training at the Presbyterian Hospital. The impoverished but still irrepressible Dr. White appeared unexpectedly at the occasion toting his inevitable guitar. He wore a black Madras cap — eyebrow level — palm beach jacket with turned cuffs, and cool gray flannels. His former light-hearted spirit and unselfish dedication to the service of man seemed dimmed by his years in New York. To our dismay, he seemed forlorn and preoccupied. Inquiry about the state of his affairs went something as follows:

DR. GARDELLA: "Well, Chris, it's wonderful to see you again. If memory serves, aren't you about finishing your residency training in New York?"

DR. CHRISTOPHER ANTHONY-ARMSTRONG-WEATHERLY-WHITE (obvi-

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ously depressed): "Yes, at Columbia."

JOE: "How is your family, Chris? There were four or five children when you were in school here. How many do you have now?"

DR. WHITE: "Eight."

JOE: "Eight! Goodness, how do you manage? You must be receiving quite a salary at Presbyterian."

DR. WHITE: "Well, \$13 a month."

JOE: "Hmm — well, you do look a bit more prosperous. Things were pretty rough when you were at Harvard. You had to borrow about \$7,000 to get through school, as I remember. Have you borrowed any more in New York?"

DR. WHITE: "About 7 or 8 thousand more."

JOE: "Goodness. Eight children — \$13 a month — \$15,000 indebtedness. I must say I admire your unwavering pursuit of academic medicine. But then, you always were a most idealistic student. No sacrifice or no price seemed too much for you to make for the privilege of serving your fellow man. Tell me, has all this debt and deprivation changed this fine philosophy in any way, Dr. White?"

DR. WHITE: "I am afraid it has, Dr. Gardella."

JOE: "How so?"

DR. WHITE: "Well, my new philosophy goes something like this: —

Money, Money, Money!

Don't want no lovin'

Don't want no kissin'

Don't want no gal to call me honey
Don't want my name in the hall of fame

Just want a great big pile of money!

Give me that almighty dollar
For that lettuce let me holler
Give me buckets full of ducats
Let me walk around and waller
In mazuma, el dinero

Want to be a millionero

Give me money, money, money,
money, money!

I'm a greenback collector

I'm a paper bill inspector

I'm a savage for that cabbage

Man, to me it's golden nectar

Pour that filthy lucre on me



Coffee Hour: Alumni Day Speakers are, left to right, Joseph Gardella, Kendall Emerson, Jr., '33, Benjamin W. Carey, '32, David McL. Greeley, '37.



Left above, Dwight Siscoe, '19, and Gerardo Balboni, '04; right, Miss Dorothy Murphy, Executive Director of the Alumni Association. Below, Dr. John P. Bowler, '19, chats with Thomas and Edward Risley, '41 and '06, respectively.





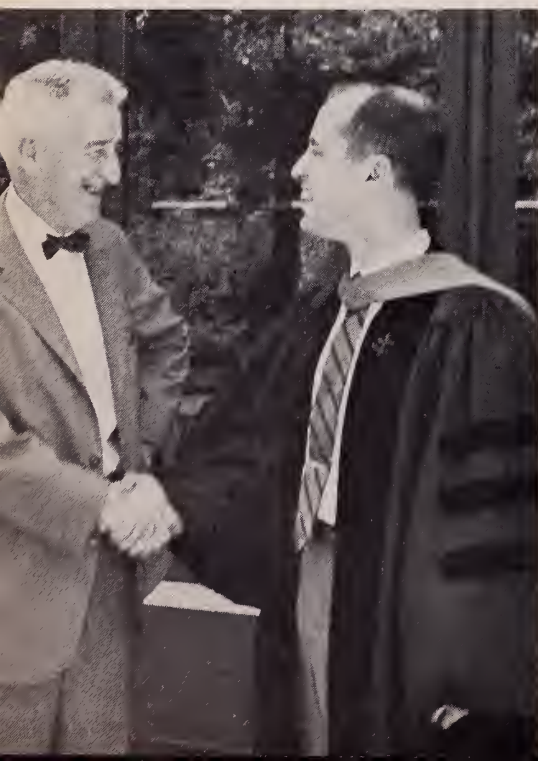
David Segel, Class Historian

Spread them lovin' germs upon me
Give me money, money, money,
money, money!

Just let me roll around upon it
Stuff them bank rags in my bonnet
Any kind, just so some President
Has got his picture on it
Let me feel it, let me hold it
Let me just sit there and fold it
Give me money, money, money,
money, money!

I want a carload of cash
The kind I can stash
A vat full of mouldy old dough
You know your banker never lets it
Matter whereabouts you gets it
'Have you got it boy?'
That's all he wants to know.

Dr. Lanman congratulates Charles
S. LaMonte



Dr. Pusey with an amused audience of 4th-year students

And if they ever plant trees of *E.*
Pluribus Unum

I want to be the guy they send out
to prune 'em.

Give me money, money, money,
money, money!*

The audience reacted with considerable surprise to the very obvious change in Dr. White's philosophy, not able to understand it, except perhaps as an influence of living in New York. After all — eight children, \$15,000 indebtedness, — things could be worse, — we suppose.

Amherst and Harvard

After the deep financial concern of the two deans, Dr. Calvin Plimpton, '43A, was a relief. Coming from Presbyterian Hospital in New York, Dr. Plimpton is the new, and thirteenth president of Amherst College, and Amherst has a large, ample endowment. Dr. Plimpton's title, "Why Be the Thirteenth?" referred not to any throes of indecision Dr. Plimpton may have had about leaving medicine, but to his fear that preoccupation with numbers has gone too far in medicine. "Here in the United States," he said, "we occasionally refer to patients as inanimate and in-nominate specimens of pathology — that mitral, or that cirrhotic. In Beirut, I am sorry to say, the human is further degraded, and not only

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does he lose his name, but also his disease, and he becomes Bed 13, or Bed 130. This was the bottom.

"There is too great a gap in the communication between scientist and humanist. We do not realize that we have a common enemy, ignorance, and its special form, which is called disease." Medicine, he said, provides an excellent bridge for communication between scientist and humanist.

Preparing to take up his duties as a human bridge, Dr. Plimpton warned of the varying growth potentials in different individuals and added: "It is exceedingly difficult to help to prepare others to live, to be free, to be themselves, and all the more so because of our own inadequate preparation." Referring to his own decision to leave medicine, he concluded, "The chance to explore on a wide range in a liberal arts college is irresistible."

During the morning ceremonies, Dr. Thomas H. Lanman, '16, Director of Alumni Relations, announced unrestricted giving in the neighborhood of \$160,000 for the current year. Philip Partington, representing the Class of 1935, presented \$63,000 to the Alumni Association on behalf of the twenty-five-year reuniting class, surpassing by \$13,000 the goal which the Class had set for itself.

Dr. Lium paid tribute to Dr. Lanman, Miss Dorothy Murphy and Dr. Berry. Dr. Berry, he recalled, was the first person to show that one virus can be changed into another by chemical influence. He called Dr. Berry a dis-

tinguished scientist as well as an outstanding administrator. If there were ever any question where Princeton (Tiger) Berry's loyalties might lie when the chips were down, he told the Alumni, they should recall last year's Harvard-Princeton game when a well known voice was suddenly heard rising through the roar of the crowd, crying, "Cream them, Harvard!"

Dr. Lium talked enthusiastically of his recent extensive trip to visit Alumni groups in California and urged that representatives of the School go out to the Alumni, just as the Alumni come back to the School.

Dr. Berry announced that seven million has now been raised toward the new Francis A. Countway Library of Medicine, leaving only one million more to be raised. "After many years of struggle," he said, "Harvard will have the same pre-eminence in its medical library as has characterized its library system, otherwise."

There was a beer tent as usual on Alumni Day, and a special Amherst umbrella where Amherst graduates joined Dr. Plimpton in a close luncheon huddle.

Class Day

The platform for Class Day was lower this year, and the aspect of the speaker's podium less awesome. Perhaps for this reason, adventuresome infants were not only scaling the steps during the ceremony but running gayly about in front of the platform and up and around the steps of Building A. Occasionally they were retrieved.

Dr. Roy O. Greep's whimsy has become a traditional part of opening remarks at Class Day. Addressing assembled "earth people" this year, he prepared the graduating class for blast-off duty a few years hence. "Soon it will be," he said, "Venus over. Calling Dr. Sapiens, calling Dr. Homer Sapiens. Board your space ship. Queen of the Serpentes needs transfusion. Remember, it's chloroplasts and formaldehyde!"

Class Historian

David Segal, '60, Class Historian, brought the audience back to earth when he vowed to get through his talk without a quotation from Sir William Osler or Walter B. Cannon. He didn't cite his source when he likened the first two years at H.M.S. to "trying to get a drink of water from a fire hose. You get an awful lot thrown at you — your thirst is barely assuaged — and you get soaked in the effort!" Until the third year, he said, "we had always comforted ourselves with the thought that, 'It's the clinical years I've been waiting for — that's where my talent really lies.' We were beginning to find out that clinical medicine was much more complicated than we had anticipated. It was at this point, when our weakened egos needed support the most, that we were told that we soon must make the choice between the *intellectual* life in basic research or clinical medicine. *Clinical medicine* was pronounced with the disdain that only an experimental bacteriologist can muster. The only time similar disdain creeps into a conversation occurs when two biochemists talk about experimental bacteriology."

Giving new consideration to a well worn phrase, he concluded: "We have been told over and over that good patient care requires consideration of the entire individual. 'Treatment of the patient as a whole' is the phrase we have heard time and again, yet seen practiced as the exception rather than as the rule. Since we must credit our older medical colleagues with as much dedication as we profess, there must be inherent difficulties in caring for patients which encourage losing sight of the unique character of each personality, and promote treating only diseases. We must in the future try harder to understand and overcome these difficulties."

Class Day Awards

George M. Bernier, Jr., of Newton, received the Harvard Medical Alumni Association Award for "all-round

ability and well-balanced personality."

The Leon Reznick Prize for "showing the most promise in research" went to **Robert W. Colman** of Neponset, N.Y., and to **John S. Weltner** of N. Stamford, Conn.

The Henry Asbury Christian Prize "for diligence and notable scholarship" went to **David H. Alpers** of Merion, Pa.

Jordan J. Cohen of Kansas City, Mo., won the Massachusetts Medical Society Prize as "the medical student who seemed most notably to have developed the intangible qualities of The Good Physician."

The Borden Undergraduate Research Award in Medicine "for original research" went to **Ruben F. Gittes** of Melrose.

The Greater Boston Medical Society's Maimonides award "for integrity, perseverance, courage and force of example" was won by **Hugh G. Watts, Jr.**, of Toronto, Ontario.

Class Day Address

The Class Day address was delivered by Dr. George W. Thorn, Hersey Professor of the Theory and Practice of Physic. "I am concerned," Dr. Thorn said, "lest those who mean well but fail to appreciate the seriousness and difficulties in medical practice will dilute the early years of the medical curriculum with social science, premature clinical application and a broad barrage of tidbits with which to attract the students' interest thereby diffuse his effort at the most critical period in his entire professional career . . . What so many enthusiasts of communication will not realize is that there is a point beyond which everything should not be made varied, vivid, picturesque, dramatic and interesting." Dr. Thorn concluded with three points of advice to the graduates: First, to maintain a sense of humor; second, to develop and keep a hobby ("you will have but a short forty years") and last, to rejoice in the fact that they now had an opportunity to give freely to their patients and younger colleagues.



"... and ditches grave you all!"

NON-CLASSICAL DESCRIPTIONS OF DISEASE

George M. Bernier, Jr., '60

THE ability to group signs and symptoms of illness, and to recognize associations, is by no means the strict property of medical personages. Throughout the ages painters, sculptors and writers have depicted disease states in accurate detail and have incorporated the infirmities they saw into their artistic works.

A fair number of articles on the subject of non-medical descriptions of disease have appeared in medical journals, but they have usually been by medical specialists and have dealt with illnesses pertinent to their field. This article will cover a number of medical areas, and will attempt

to mask eclecticism as great breadth of knowledge. As a minor concession to the trend toward specialization, we will exclude paintings and sculpture and confine ourselves to a discussion of disease in literature.

PERHAPS the most renowned of literary descriptions lies in the pulmonary disease field: the fat boy in Dickens's *Pickwick Papers*. From this description, Dr. Sidney Burwell in 1956 coined the term, "Pickwickian Syndrome."

Dickens introduces the phenomenon thus:

"A most violent and startling knocking was heard at the door; it was not an ordinary double knock, but a constant and uninterrupted succession of the loudest single raps, as if the knocker were endowed with perpetual motion, or the person outside had forgot to leave off.

"Mr. Lowton hurried to the door . . . The object that presented itself to the eyes was a boy, a wonderfully fat boy . . . standing upright on the mat, with his eyes

George Bernier was this year's recipient of the Harvard Medical Alumni Association prize. He will intern in medicine at University Hospitals, Cleveland. His years at H.M.S. included research under Dr. Albert Coons in neonatal immunology and under Dr. Evan Calkins at M.G.H. in amyloidosis. Dr. Bernier did this year's (but not this article's) Aesculapiad cartoons; he also writes poetry. Two of his cartoons illustrate "Vitamin B₁₂" on pp. 16-17.

closed as if in sleep. He had never seen such a fat boy, in or out of a traveling caravan; and this coupled with the utter calmness and repose of his appearance, so very different from what was reasonably to have been expected of the inflicter of such knocks, smote him with wonder.

"What's the matter?" inquired the clerk.

"The extraordinary boy replied not a word; but he nodded once, and seemed, to the clerk's imagination, to snore feebly.

"Where do you come from?" inquired the clerk. The boy made no sign. He breathed heavily, but in all other respects was motionless.

"The clerk repeated the question thrice, and receiving no answer, prepared to shut the door, when the boy suddenly opened his eyes, winked several times, sneezed once, and raised his hand as if to repeat the knocking. Finding the door open, he stared about him with astonishment, and at length fixed his eyes on Mr. Lowton's face.

"What the devil do you knock in that way for?" inquired the clerk, angrily.

"Which way?" said the boy in a slow sleepy voice.

"Why, like forty hackney coachmen," replied the clerk.

"Because master said I wasn't to leave off knocking 'till they opened the door, for fear I should go to sleep!" said the boy."

It was left only for Dr. Burwell and his associates by their measurements of $p\text{CO}_2$'s to correlate in a patient with Pickwickian Syndrome the narcolepsy with CO_2 retention secondary to reduced ventilatory exchange. Burwell's first case was as colorful a character as Dickens's. He was a very fat man who first began to suspect that something was wrong when, while playing poker, he fell asleep holding a full house.

"... heat intense — natives all fainted — taken away ..."



Dickens describes other examples of disease. His case of emphysema in *Dombey and Son* is unusually graphic. The personage is the somewhat lightheaded Major Joey Bagstock, characterized as, "a wooden-featured, blue-faced Major, with his eyes starting out of his head, in whom Miss Tox recognized, as she herself expressed it, 'something so truly military'";

He "... had arrived at what is called in polite literature, the grand meridian of life, and was proceeding on his journey downhill with hardly any throat, and a very rigid pair of jawbones, and long-flapped elephantine ears, and his eyes and complexion in the state of artificial excitement already mentioned."

He was constantly wheezing, especially when excited. Mrs. Skewton carries on very coquettishly with him, and "The Major, under cover of the dimness, swelled, and swelled, and rolled his purple face about, and winked his lobster eye, until he fell into a fit of wheezing, which obliged him to rise and take a turn or two about the room, before his fair friend could proceed."

The proptosis, wheezing, and cyanosis we have all come to expect in chronic lung disease, but the enlarged ears remain unexplained.

THE world's literature is replete with descriptions of deficiency diseases. Sometime around 1220 Jacques de Vitry wrote of the outbreak of scurvy in the Crusaders. This instance is taken from his *Histoire des Croisades*. He later became a bishop and then a cardinal, and this may account for his ecclesiastical approach to the final stages of the illness:

"A large number of men in our army were attacked also by a certain pestilence, against which the doctors could not find any remedy in their art. A sudden pain seized the feet and legs; immediately afterwards the gums

"He fell into a fit of wheezing ..."



and teeth were attacked by a sort of gangrene, and the patient could not eat any more. Then the bones of the legs became horribly black, and so, after having suffered continued pain, during which they showed the greatest patience, a large number of Christians went to rest on the bosom of the Lord."

AFFLICTIONS of the cardiovascular system have been written about in precise detail. Edward Hyde, Earl of Clarendon, wrote about 1670 of the death of his father. He had, it would appear, Angina Pectoris which was provoked by micturition.

"... From the time he was sixty years of age, (the pain) increased very much, and four or five years before his death, with circumstances scarce heard of before, and the causes whereof are not yet understood by any physician; he was very often, both in the day and the night, forced to make water, seldom in any quantity, because he could not retain it long enough, and in the close of that work, without any sharp pains in those parts, he was still and constantly seized on by so sharp a pain in the left arm, for half a quarter of an hour, or near so much, that the torment made him as pale (whereas he was otherwise of a very sanguine complexion) as if he were dead."

"... (he) went to the church, to a sermon, where he found himself a little pressed as he used to be, and therefore thought fit to make what haste he could to his house, and was no sooner come thither into a lower room, than having made water, and the pain in his arm seizing upon him, he fell down dead, without the least motion of any limb."

The Earl adds: "He wanted about six weeks of attaining the age of seventy, and was the greatest instance of the felicity of a country life that was seen in that age."

This must have been a dark age, indeed. It is interesting that the victim lived out the prescribed ten years of Angina Pectoris almost to the day. This is a magic number often cited by cardiologists.

In *The Light That Failed*, Kipling describes a man with aortic regurgitation who has just climbed the stairs:

"His lips were parted and pale, and there were deep pouches under the eyes. 'Weak heart,' said Dick to himself as he shook hands, 'Very weak heart. His pulse is shaking his fingers.'"

THE next category we shall discuss is neurological disease. In this area we find Dickens preëminent. Sir Russell Brain is a great admirer of "Dickensian Diagnosis," and we have borrowed heavily from his *Purvis Oration*, which bore this title.

In *Dombey and Son*, the ataxic Lord Feenix is described as "... meaning to go in a straight line but turning off sideways by reason of his willful legs."

There can, surely, never be as colorful a picture of a stroke complicating cerebral arteriosclerosis as that of

Mrs. Skewton in *Dombey and Son*. Her pre-stroke tremor is described thus:

She wore "a peach-colored bonnet; the artificial roses in which nodded to uncommon advantage as the palsy trifled with them, like a breeze . . . The palsy played among the artificial roses again like an almshouse full of superannuated zephyrs."

After she had her stroke, this picture emerged:

"At length she began to recover consciousness and in some degree the power of motion, but not yet of speech. One day the use of her right hand returned; and showing it to her maid who was in attendance upon her . . . she made signs for pencil and paper . . ."

"After much painful scrawling and erasing, and putting in of wrong characters, which seemed to tumble out of the pencil of their own accord, the old woman produced this document 'Rose coloured curtains' . . ." She "amended the manuscript by adding two words more, when it stood — 'Rose coloured curtains for doctors'. The maid now perceived remotely that she wanted these articles to be provided for the better presentation of her complexion to the faculty."

She recovered from this stroke to an extent; however, she was now quite jealous and exacting. Then, "... without having undergone any decided second attack of her malady, the old woman seemed to have crawled backward in her recovery from her first. She was more lean and shrunk, more uncertain in her imbecility . . ." She garbled the names of her sons-in-law and called Mrs. Dombey, "... Grangeby or Domber or indifferently both." Her tremor got to the point where she "... couldn't help nodding her bonnet over one eye, and rattling her knife and fork upon her plate in using them, as if she were playing castanets."

She had her second stroke and "... a dumb woman lies upon her bed and she is crouched and shrunk up, and half of her is dead." She died shortly thereafter.

We are struck here with the acuteness of Dickens, which allowed him to group aphasia and agraphia with a right-sided paralysis and to spot the muddling of names which is seen in connection with left-middle cerebral lesions.

The author of *Pilgrim's Progress*, John Bunyan, describes amyotrophic lateral sclerosis presenting with bulbar palsy. The findings are a glosso-labio-pharyngeal paralysis with cervical involvement as the affliction which was visited on the hero-villain in *The Life and Death of Mr. Badman*. This report which was published in 1680, was probably the first description of the disorder.

"After he had gone on like a Bedlam in his course a while and had done some mischiefs to the people, he was stricken by the hand of God, and that in this manner.

"I. Although he had his tongue naturally at will, now he was taken with a faltering in his speech, and could not for weeks together speak otherwise, than just like a man that was drunk.

"II. Then he was taken with a drawling, or slabbering

at his mouth, which slabber sometimes would hang at his mouth well nigh halfway down to the ground.

"III. Then he had such a weakness in the back sinews of his neck, that oft times he could not look up before him, unless he clapped his hand hard upon his forehead, and help up his head that way, by the strength of hand.

"After this his speech went quite away and he could speak no more than a swine or a bear. Therefore, like one of them, he would gruntle and make an ugly noise, according as he was offended or pleased, or would have anything done, etc.

"In this posture he continued for the space of half a year, or thereabouts all the while otherwise well, and would go about his business . . . and then on a sudden he was stricken and dyed miserably; and so there was an end of him and his doings."

DICKENS seems to have had a flair for abnormal neuropsychological characterization. In *David Copperfield*, Tommy Traddles makes a proposal of marriage to Sophy Crewler. Her father attempts to get Mrs. Crewler's consent but Mrs. Crewler becomes paraplegic:

"'They had a dreadful time of it with her,' said Tommy. 'It mounted from her legs into her chest, and then into her head.'

"'What mounted?' asked David Copperfield.

"'Her grief,' replied Traddles, with a serious look, 'her feelings generally. As I mentioned on a former occasion, she is a very superior woman, but has lost the use of her limbs. Whatever occurs to harass her, usually settles in her legs; but on this occasion it mounted to her chest, and then the head, and, in short, pervaded the whole system in a most alarming manner. However, they brought her through it by unremitting and affectionate attention.'

Obviously, this represents a psychotherapeutic resolution of hysteria — a triumph.

Some people feel that Dickens's works were the product of hypomania. At least we can probably fit two of his characters into the manic-hypomanic pattern.

Mr. Jingle, who has his depressive episodes, prattles on with alarming flights of fancy. Indeed, his very name suggests the hypomanic state. In *Pickwick Papers*, he describes a cricket match which he had played in the West Indies. Both the activity and the description are characteristic:

"'It must be a rather warm pursuit in such a climate,' observed Mr. Pickwick.

"'Warm! — red hot — scorching — glowing. Played a match once — single wicket — friend the Colonel — Sir Thomas Blazo — who should get the greatest number of runs. — Won the toss — first innings — seven o'clock A.M. — six natives to look out — went in; kept in — heat intense — natives all fainted — taken away — fresh half dozen ordered — fainted also — Blazo bowling —



"He popped up onto the wall."

supported by two natives — couldn't bowl me out — fainted too — cleared away the Colonel — wouldn't give in — faithful attendant — Quanko Samba — last man left — sun so hot, bat in blisters, ball scorched brown — five hundred and seventy runs — rather exhausted — Quanko mustered up last remaining strength — bowled me out — had a bath, and went out to dinner.'

Our final neuropsychological description is the delightful old manic gentleman in *Nicholas Nickleby*. Mrs. Nickleby is in her garden. She is startled by a shower of vegetables from over the wall, and she looks up to see a head peering over the top. It had ". . . extraordinary grey eyes; very wild, very wide open, and rolling in their sockets, with a dull languishing leering look most ugly to behold." He popped up onto the wall.

"'Queen of my soul . . . this goblet sip! . . . I have estates, Ma'am,' said the old gentleman flourishing his right hand negligently, and speaking very fast, 'jewels, lighthouses, fish ponds, a whalery of my own in the North Sea, and several oyster beds of great profit in the Pacific Ocean; my walking stick is to be seen on application to the chaplain of the House of Commons, who is strictly forbidden to take any money for showing it. I have enemies about me, Ma'am,' he looked towards his house and spoke very low, 'who attack me on all occasions, and wish to secure my property. If you bless me with your hand and heart you can apply to the Lord Chancellor or call out the military if necessary — sending my toothpick to the Commander-in-Chief will be sufficient.

— and so clean the house of them before the ceremony is performed. After that, love, bliss, and rapture; rapture, love, and bliss. Be mine, be mine!”

This is a remarkable combination of linked associations, loose paranoia, grandiosity, amorousness, and flight of ideas, with a characteristic facies.

THE only infection we shall discuss is in many ways the noblest — tertiary syphilis. There seems to be little doubt that this is the affliction which Shakespeare had in mind when he wrote, in *Timon of Athens*, these lines which Timon speaks.

Timon is admonishing two ladies of questionable integrity who seem to be willing to do most anything for money. They ask Timon how they can make some ready cash, and end with: “Believe’t, that we’ll do anything for gold.”

Timon replies:

“Consumption’s sow
In hollow bones of men! strike their sharp shins
And mar men’s spurring. Crack the lawyer’s voice,
That he may never more false title plead,
Nor sound his quillets shrilly: hoar the flamen,
That scolds against the quality of flesh,
And not believes himself; take the bridge quite away
Of him, that, this particular to foresee,
Smells from the general weal; Make curl’d pate
ruffians bald;
Derive some pain from you. Plague all
That your activity may defeat and quell
The source of all erection, there’s more gold:
Do you damn others, and let this damn you,
And ditches grave you all.”

THE relation of liver disease and alcohol was the recent topic of a joint study emanating from Boston and London. For those who got the impression that Englishmen do not have the brand of cirrhosis termed Laënnec’s, listen to novelist Edward John Trelawney in his *Adventures of a Younger Son* (1831).

“When Louis heard of it, he said, ‘I had a frow once too; but she was never good for much. When I went to sea she drank all my gin . . . She grew very big and everyone said she was with child; but I knew, if she had anything, it must be young kegs of Hollands. Afterwards the doctors thought the same for they — what they called — tapped her many times. But she loved the liquor too much to let it out — they got nothing but water . . . So I left her and went to sea.’”

Shakespeare too seemed aware of bottled hepatotoxins. He also seemed to have described in 1602 what we today call ammonia intoxication or hepatic pre-coma in *Twelfth Night*. It is to Summerskill that we are indebted for recognizing the description in Shakespeare’s character of

Sir Andrew Aguecheek. Aguecheek seems to be a rather dim-witted fellow. Since he, however, achieved a high station, one is soon led to the idea that mental deterioration has occurred somewhere along the way. His companion, Sir Tobey Belch, still has high praise for his accomplishments: he

“plays o’ the viol de gamboys, and speaks three or four languages word for word without the book and hath all the good gifts of Nature.”

However, Sir Andrew knew his shortcomings:

“I am a fellow o’ the strangest mind i’ the world. . . . for many do call me fool.”

As for drinking, a lady named Maria charges Belch that Sir Andrew is “. . . drunk nightly in your company,” and there can be little doubt about Sir Tobey’s opinion on Sir Andrew’s liver:

“For Sir Andrew, if he were opened, and you find so much
blood in his liver as will clog the foot of a flea,
I’ll eat the rest of the anatomy.”

We would probably be able to gather from the foregoing that Aguecheek had mental deterioration, drank heavily, and was suspect of having cirrhosis. We would be able to make the diagnosis if we could find exacerbation with high protein intake. Here, as in so many other parts of medicine, the patient gives us the diagnosis:

“Methinks sometimes I have no more wit than a
Christian
or an ordinary man has; but I am a great eater of
beef,
and I believe that does harm to my wit.”

To this last statement, Sir Tobey replies: “No question.”

In conclusion, this has been a discussion of non-classical descriptions of disease. We should say that it was a review of the literature, without new case reports. In doing this, we have strayed far from the ideals of Hippocrates whose Twelfth Precept reads in part:

“If you do wish to give a lecture, your ambition is no laudable one, and at least avoid all citations from the poets, for to quote them argues feeble industry.”

REFERENCES

Many of the descriptions cited herein have appeared elsewhere. In addition to the sources cited in the text, we have borrowed from: Major, *Classic Descriptions of Disease* (Clarendon’s and deVitry’s passages); East, T., *Brit. Heart J.*, 11, 37, 1949 (Kipling’s description); Bloomfield, *Canadian Medical Association J.*, 52, 295, 1945, (Trelawney’s description); and Rutherford, W., *Glasgow Med. J.*, 193, 93, 1937 (The Bunyan quotation).

REUNIONS

FIFTIETH REUNION

That sounds like a long time, half a century. All the doctors must be at least seventy-five. The Class Secretary had the following thoughts: How many will come? How will they get here? They came, twelve of the twenty-five living, one from Indiana, one from Washington, D.C., with seven wives and two widows of classmates. We joined on two beautiful May days at the Medical School.

We do not forget that we, as first-year men, dedicated these beautiful buildings in 1906. Time has added to their beauty. In the Quadrangle with us were returning graduates from the fifty-year class down to the present graduating class. This last class amused our wives with their dozens of small progeny that gamboled about the green. Such a change from 1910!

We recalled that in those days a certain Boston hospital on their notice of examination for interns printed on the bottom in bold type: "Married men need not apply." Yes, times have changed.

The homecoming was a happy one, marred only by our thoughts of our thinning ranks. We enjoyed the festivities on the Quadrangle and the gracious welcome we received from the junior classes. In the evening we gathered at the Harvard Club in the Lincoln room, twenty-two of us, and here alone we could relive our medical school life and further explore the lives of our classmates since 1910, since for many this was our first meeting since graduation. Dean Berry dropped in with a 1910 badge on his coat to add a word of welcome to the cocktails being served. Old memories were ploughed up and new inspiration was obtained on hearing of the grand work that so many of our classmates had been doing in the past half century. The next day we had a final lunch in Vanderbilt Hall, new to most



The Class of 1910

Fay Photo

of us, which brought to a close another chapter in our lives.

Then, you may ask, in these days, when there is much talk about the care of the aged, what manner of men are these, all seventy-five or over, what sort of lives are they living? Are they in rocking chairs or playing shuffleboard in some warm climate? I could give you a chapter report on each but let me only summarize. Of the twelve, ten are active, one is semi-retired, one fully retired. Their work covers research, administration of a huge health program, operative surgery, active medical practice, and medical administration. Each has his own worthwhile hobby. Life has been good to all of us. Who was it who said "Life begins at Seventy?" We hope to see you all in 1970.

HENRY C. MARBLE
Reunion Chairman

FORTY-FIFTH REUNION

The Class of 1915 held its 45th Reunion on May 27th and 28th. These days will be long remembered and cherished by those of us who shared the comradeship and the interesting discussions of past and present experiences. About the only way to enrich the whole event would have

been through the presence of more members and their wives. For the record, the list of those in attendance follows: Dr. Edward B. Allen, Dr. John Earle Bloomer, Dr. and Mrs. Arlie Bock, Dr. George P. Brown, Dr. and Mrs. Hermon Bumpus, Dr. and Mrs. Samuel Cline, Dr. and Mrs. Edward J. Cummings, Dr. and Mrs. John G. Downing, Dr. and Mrs. G. Philip Grabfield, Dr. William E. Hunter, Dr. and Mrs. Donald J. MacPherson, Dr. and Mrs. Meredith Mallory, Dr. Fabyan Packard, Dr. and Mrs. William A. Perkins, Dr. and Mrs. Horace K. Sowles, Dr. Arthur E. Strauss, Dr. and Mrs. Langdon T. Thaxter, Dr. Harold Thomas, and Dr. and Mrs. George Van Gorder.

Many of the group attended the excellent symposium presented on Friday morning — more power to all of the contributors. At the close of this program, President Pusey added highlights of interest to all Alumni, including the fact that one quarter of the teachers of medicine in this country are graduates of Harvard Medical.

All shared the luncheon served in the Quadrangle, after which hours all too short were spent in reminiscences, while a few ventured into the erudite world of the electron microscope. In

the evening, dinner at the Milton Club, preceded by appropriate ceremonies, occupied us to a late hour, with the Grabfields acting as our hosts. A telegram of regret and felicitation was read from the H'Doublers, and a movie taken at our 25th reunion by Bill Perkins proved to be a high spot.

On Saturday, by bus and by car, a trip to Plimoth Plantation and a visit to the *Mayflower* was followed by a luncheon beyond compare at the Bumpus home in Duxbury. Here, later, we were shown a family museum, probably alone of its kind, representing an accumulation of several generations, of diverse motif, including pieces dating from colonial times and odd items that might be found currently on the beach or in the forest.

Of 94 men who spent four years together in the Medical School, 45 (48%) have died. Of the 49 survivors, 45 (90%) returned short biographies for our class reports. In this report 78 children and 130 grandchildren are listed. A problem remains how to arrange for more men to return to share in these notable anniversaries. The Alumni Office is to be commended for its fine work. We express our thanks especially to Dorothy Murphy for her interested and wise assistance.

ARLIE V. BOCK
Reunion Chairman

FORTIETH REUNION

Twenty-three members of the Class of 1920 attended the Reunion and most of them brought their wives. Many enjoyed the Alumni exercises at the School and had lunch together on Friday. Friday evening we gathered at the Saint Botolph Club for dinner and had the pleasure of Dean Berry's company as a special guest. After dinner he gave an informal talk and free discussion of many of the problems of the Medical School.

Saturday most of us went to The Moors in Falmouth where we were guests of Dr. O'Neil and his daughter and son-in-law, the McAuliffes. Some played golf, some actually swam in the cold but beautiful water, others took walks and saw most interesting

bird and plant life. In the evening a most delicious clambake was put on by a real expert in this difficult form of catering. After dinner — wonderful stories and good fellowship.

Everyone agreed that this was the best reunion yet.

CHARLES C. LUND
Reunion Chairman

THIRTY-FIFTH REUNION

Thirty-eight members of the Class of 1925 returned for a two-day reunion that all agreed was an unqualified success. "Tex" Poyner received a special welcome for having come the farthest; and the State of New York with Falk, Holzman, Pierce, Saunders, Sloan, and Powers won honorable mention for having the greatest number of out-of-Staters. Maine with Cox and McCrum; Pennsylvania with Murdock and Massaniso; New Jersey with Cloud and Twinem; and Connecticut with Pike, should not be forgotten. Most of the members were accompanied by their wives, who added gaiety and color to the functions held in a setting of perfect weather.

The Class assembled at 6:00 P.M. at the Brae Burn Country Club and promptly set to work correcting any existing fluid imbalance. George Saunders presided at the Dinner that followed and paid tribute to Henry Hudson for his fine job in assembling the Class Report. He went on to state that he understood "Dot" Murphy had really engineered all the details of the Reunion. It was thereupon enthusiastically agreed that she be presented with a token for her bracelet from our Class as a mark of our fond appreciation and esteem.

Joe Garland, as speaker for the evening, proved a most happy choice. Not only did he get off the launching pad with a well chosen collection of amusing stories, but he then went into orbit with a delightful historical review of the early beginnings of the *New England Journal*.

The highlight of the Reunion was the clambake in Duxbury on Saturday. One of the most pleasant features of that late afternoon on Dick Cat-

tell's and Stew Clifford's sea-bordered lawn was the fact that some of the next generation — including Henry Hudson's daughter and her husband — joined us for the feast for which the local master of clam and lobster is justly famous.

As we drove home we were grateful for the opportunity there had been to renew old friendships and only regretted that all the Class had not been there.

HENRY H. FAXON, '25
Reunion Chairman

THIRTIETH REUNION

Forty-four Classmates and forty wives participated in Reunion activities — almost all at the Harvard Club class dinner on Friday night and better than half at Bill Babson's wonderful clambake and yachting party Saturday afternoon at Annisquam on Cape Ann.

Bob Aird from California, Al Zealy from North Carolina and Ty Rankin from Illinois were among the reunioners from a distance.

Lee Kendall presided at the dinner where John Rock's presentation of the potential population control obtainable from that miracle drug, Enovid, produced animated discussion.

At Annisquam Larry Ross, H.M.S. 1941, and Fred Breed, H.M.S. 1943, provided beautiful sea-going afternoons in their tuna-fishing boats in Ipswich Bay. For these the Class is especially grateful. Also at Annisquam Ham Hamilton produced somewhat ribald Ozark ballads with guitar and harmonica accompaniments in his inimitable style. The whole affair was memorable. Those who missed it should repent and come to the next.

Nobody should fail to read Ham Hamilton's editorial notes at the end of each biography in the 30th Reunion Book. The printer and binder present apologies for certain transpositions of information on pages 56 and 57 but aside from this our editor produced a masterly volume.

Special thanks are here recorded to Dottie Murphy and her able staff.

HENRY F. HOWE, '30
For the Reunion Committee

TWENTY-FIFTH REUNION

Quite appropriately the sun smiled and smiled and smiled on our three glorious days of reuning. Not for twenty-five years has there been such a stretch of balmy midsummer weather in late May in Boston — nor has there been such a Class! The canopied Medical School quadrangle, a spring evening at the Brookline Country Club, and a convivial ride by M.T.A. bus to the North Shore via the Mystic River Bridge, are but a few of the memories made more pleasurable by a cooperative weatherman.

More than half the Class of 1935, seventy-one members strong, returned to Boston, May 26-28. Though many of us had not met for twenty-five years, some particular physical feature in each was found preserved in the balded, greyed, be-spectacled, trumpeted group which allowed recognition. Conversations interrupted only twenty-five years ago were soon revived. In cosmopolitan fashion, next to Boston, Seattle, Washington contributed the largest number of attendants. Don Hall, Fred Rutherford, and Harmon Truax are to be congratulated on their loyalty. Don

Forster, Bill Cover, Gil Jorgensen, and Rex Ross gave further proof of the virility of men west of the Rockies, while from the foothills just east, came George Filmer, Jack Grindlay, Thor Gundersen, Al Martin, Bob Snow, Dean Tanner, and Ed Holsher. Les Bell, Monroe Gilmour, Jim Jones, Willie McCune, Ike Manning, and Owen Ogden found the courage and incentive to cross the Mason-Dixon line. While the remainder, in contrast, must be considered to have come from within the Dedham area, their efforts in arranging busy schedules at home and at work were just as vital to the complete success of our reunion.

Bimi Soutter, as toastmaster at a mixed dinner at the Harvard Club Thursday night, set the tempo for the entire three days. With a threat that any orator who performed for more than five minutes would not be invited to our 50th Reunion, Bimi moved the evening along briskly. Attendance totalled 119. Doctors Bill Castle and Chester Keefer spoke with usual wit and vigor. Dr. James Howard Means gave what many considered the keynote speech, the general theme of which was "Live, Boys, keep living." His own continued vigorous existence exemplifies this philosophy. Tom Lanman spoke briefly as Mr. Alumni As-

sociation, and Dean Berry impressed all as to why H.M.S. is still tops. A ringer, Rolf Lium, '33, gave a learned paper producing volumes of references, as befits the President of the Alumni Association.

As predicted, Alumni Day in Building D amphitheatre and the sun-basked Quadrangle was truly stimulating, intellectually and socially. Our own Prexy, Phil Partington, presented Dean Berry with our gift of \$63,000. This was a gift on the barrelhead, no strings attached, and no projected giving in future years was included. The collection had been made over the last ten years only, as our Class had been one of the instigators of the 25th Reunion program of giving.

In the evening, forty-odd couples repaired by bus to the Brookline Country Club. Dave Clement was found later to be in his finest voice, and when curfew sounded, much to our surprise everyone was found dancing! It was only natural that when George Whitelaw suggested a return to his town house, 85 people directed the M.T.A. drivers to 52 River Street. Here at a somewhat early hour, Joe Holmes and Charlie Wheeler were discovered playing their harmonicas to Sam Talmadge in Athens, Georgia (phone, of course). And it was then that some thought that we had ex-

The twenty-five-year Reuning Class

Fay Photo



pended ourselves for the day.

On Class Day, the School further fixed itself in our affection by the conduct of its exercises. The final event Saturday afternoon was another bus ride, M.T.A. style, to the North Shore, Crane's Beach and the original Crane mansion on Castle Hill, Ipswich. The relaxed atmosphere evident in couples strolling in Italian gardens, or sitting barefoot on the beach sand, or eating lobster supper in small groups on the lawn, made one feel that this whole occasion truly jelled unusual friendships begun twenty-nine years ago. Then followed a joust of story-telling with Ed Rosenow, Jack Grindlay, George Whitelaw, and Owen Ogden excelling, before the M.T.A. returned us to Boston in what seemed to all like five minutes. No 52 River Street this night. Small wonder that next morning at home a wistful seven-year-old looked up from her breakfast and said, "Mom, you've got those dark circles under your eyes again." Even Mom agreed it was worth while!

It is with real gratitude that the Reunion Committee recognizes its indebtedness to the Alumni Office in the success of this milestone. The progress that has been made over the years by Tom Lanman, a devoted Dottie Murphy, Mrs. Lees and Mrs. Mundth, augurs well that five years hence we can enjoy our 30th Reunion by simply pushing a button. A gift was presented Dottie for her efforts, and her rebuttal follows:

To the Class of 1935

You were very sweet to send to me
Such very beautiful jewelry
Of silver and amethyst and beautiful design
Which I shall cherish as a vintage wine.

And to your health I drink a toast
To one and all you are the most
Lucky class with charming wives
Wish I were one of '35's!

But I am happy to have helped
revive
So many old friendships of Thirty-Five.

Many thanks and love to all.
D.M.

GORDON A. DONALDSON, '35
Reunion Chairman

We're here from all over the Nation
To share in this fine celebration;
Some twenty-five years
With their joys and their tears
Have slid by since we ceased incubation.

Anatomy with Bobby Green,
And chemistry under Folin
Were followed by Path.
With a tall and short half
As young Farber and Wolbach were seen.

The clinical years were the greatest;
The dope that we learned was the latest;
But much of it we've
Had to lift up and heave
In the basket that's labeled OUTDATED.

The Medicine Men were inspiring,
And though we to them were quite tiring,
They gave us a spark
That has lighted the dark —
Keeps us working like mad — yes, perspiring.

Now Christian and Minot and Soma
Could rouse anyone from a coma,
And Castle and Means,
With young Keefer it seems,
Could detect miniscule carcinoma.

The surgeons that all of us had
Were tops: Cushing, Lanman and Ladd;
With Churchill and Cutler
There wasn't a cutter
Could match them from here to Bagdad.

Twenty-five years have passed and we say,
We're terribly thankful today.
The Old H.M.S.
We still know is the best
And we're sure She'll continue that way.

DAVID H. CLEMENT, '35

TWENTIETH REUNION

The Class of 1940 assembled for a very pleasant get-together. Throughout the day on Friday our members registered for the exercises and lectures at the School. Great distinction was achieved by our members at the Buffet Luncheon in the Quadrangle where our food consumption outweighed that of all other classes. During the very interesting technical lectures on Friday afternoon we reverted to a habit of 20 years ago — you know what was apt to happen right after lunch! The lectures were most enlightening.

On Friday evening, some 73 persons gathered for a jovial period of refreshments and dinner dancing at the Hotel Somerset. Wister Meigs (whose name tag said "John") held forth with a few remarks, aided and abetted by Steve Clement and Bob Arnot. A posey was presented to Len Eliel for being the member who had come the farthest, all the way from Oklahoma City. Honors for the widest spread of ages amongst offspring were contested and therefore no names will be used.

On Saturday afternoon, at the lovely country estate of Bob Arnot, new faces appeared, including that of our Class President, Archie Deming. Until way after dark the songs rang out and the refreshments were consumed, both "con gusto." Fortunately there were no "boy athletes" and our class has established a new record in its own annals by having a get-together without sending anyone to the hospital. Perhaps old dogs can forget some of their old tricks. Commensurate with the decline in athletic prowess have come greater thirsts.

A most pleasant and convivial Reunion was enjoyed by all who attended. This presages a well attended and hilarious 25th Reunion some 5 years hence. Every member of the Class of 1940 must make plans *right now* to attend the 25th and to support the Class Fund of which you will hear more shortly, I suspect.

WILLIAM F. HICKEY, JR.
Reunion Chairman

FIFTEENTH REUNION

About forty members of the Class of 1945 turned up at some function over the Reunion week end. Thirty-three brought their wives along, and we never did complete the count of children. Evan Calkins led the Class with seven.

Friday night we returned to the scene of our triumphs in past years, Vanderbilt Hall, for cocktails in the common room, and a delicious steak or lobster dinner, followed by dancing to a fine orchestra, again in the common room. Dick Thaler was unanimously elected the Class Poet, and read two poems, along with two more that had regaled us all ten years ago. Permanent Class President Ike Taylor served as Toastmaster, and four members of the old octet provided an impromptu musical program.

Saturday was a lovely day. Twenty-six members, twenty-four of their wives, and hordes of children descended on the Tabor School grounds in Needham, on the Charles River. There was indoor ice skating on a full-sized rink, swimming in a large outdoor heated pool, canoeing on the Charles, baseball, tennis, and then the most delicious clambake washed down with beer and martinis. Harry Hinckley came up from Togus, Maine, and sang to us about "Fussy, Pussy Captain Russy."

John Martin from Texas was the most distant classmate attending, but some from Boston never did show up. We missed them, and all the others scattered from Maine to California to Panama, and even one in England.

WARREN W. POINT
Reunion Chairman

TENTH REUNION

It was an excellent Reunion for the Class of 1950. We were pleased that 48 of our classmates managed to come back to HMS and join in the activities on May 27 and 28. Among the long-distance hikers were Dick Lance (Washington), Ed Coleman (Minnesota), Warren Proudfoot (Kentucky) and Jack Kramer (Oklahoma). Those who had them or could

afford them, brought their wives.

On Friday morning and afternoon we listened to some of the scheduled talks and lectures in Building D, and had lunch and beer in the Quadrangle. In the evening we headed by bus or car for Manchester-by-the-Sea and the estate of Mrs. Richard Curtis. This turned out to be a great evening! Ethanol was unlimited and the food and music were excellent. We all agreed that Mrs. Curtis should be made an honorary member of the Class of '50. As a matter of fact, she is anxious to have us back for our next Reunion. Needless to say, we owe a debt of gratitude to those who paved the way — namely, Dwight Hoeg, who took care of Mr. Curtis when he was at the Peter Bent Brigham, and to Ken Graham, who managed to pick up the ball when Dwight left.

There were about 15 (31 per cent!) who survived the evening to the extent that they were able to come on Saturday to Wingersheek Beach at the home of Bill Kite. Bill was kind enough to open up his summer home for the occasion, since our other plans had fallen through a few days earlier. Other than consuming refreshments and food provided by the Kites, most were content to spend a quiet and restful afternoon on the beach in order to recover and reminisce.

Most of us felt that it was a wonderful Reunion and we hope that many more members of the Class will be here for the Fifteenth.

KURT J. ISSELBACHER
Reunion Chairman

FIFTH REUNION

In the nautical setting of the Boston Yacht Club, the Class of 1955 held its first reunion in "celebration" of its fifth year away from Harvard Medical School.

This was indeed a most gala event. The combination of dancing, liberal libations, and high spirits (made the more so by the former) rocked old Rowe's wharf on its very foundations until the midnight witching hour.

(Reportedly, the Fordham Seismograph recorded a major disturbance in the vicinity of Boston the evening of May 27.)

The turnout for the affair was excellent, and included the following: Bill and Janet Adelson; Carl and Sue Brownsberger; Sue Buckingham and guest; Chuck Cahill; Dick and Nancy Carlton; Pres Clement and guest; Jan and Tom Daniel; Roman and Ruth DeSanctis; Larry Dietlein and guest; Fred and Shelley Ehrlich; Ron Fieve; Dave and Iris Fischer; Stu and Pat Flerlage; Lenny and Joan Friedman; Mike and Judy Glass; Pete and Evelyn H'Doubler; Phil and Ellie Isenberg; Ray Jankowich; Chuck and Tillie Keevil; Don Kellogg; Ken Kenigsberg and guest; Bernie and Phyllis Kliman; John Laszlo and guest; Jerry and Judith Liebman; LeRoy and Jessamy Long; Ron and Gerre Malt; Ernie and Joyce Picard; Mitch and Adrienne Rabkin; Bob and Lois Reznick; Ellis and Ginny Rolett; Ellie and Miles Shore; Maury and Beverly Sietes; Roy and Marilyn Sperber; Larry and Martha Thum; Hal and Betsy Urschel; and Ken and Sylvia Warren.

Two prizes consisting of the framed coat of arms of the Medical School were awarded. One was presented to LeRoy Long as the class member who travelled the greatest distance (over 1000 miles) to be at the Reunion; the other, a "door prize," was appropriately enough won by John Laszlo, who travelled almost as far as LeRoy.

Additional class members who were present at Class Day activities at the Medical School, but were unable to attend the Reunion banquet, were John and Doris Blinks; Moe and Judy Burg; Hugh McDevitt; Chuck Grinspoon; Dorothy and Claude Villee; and Erik Gundersen.

I am sure I speak for all Classmates when I say it was an extreme pleasure to be reunited again with many of them after five years. We can only look forward to many such pleasant gatherings in the years ahead. See you at the Tenth!

ROMAN W. DESANCTIS
Reunion Chairman

REGIONAL ACTIVITIES

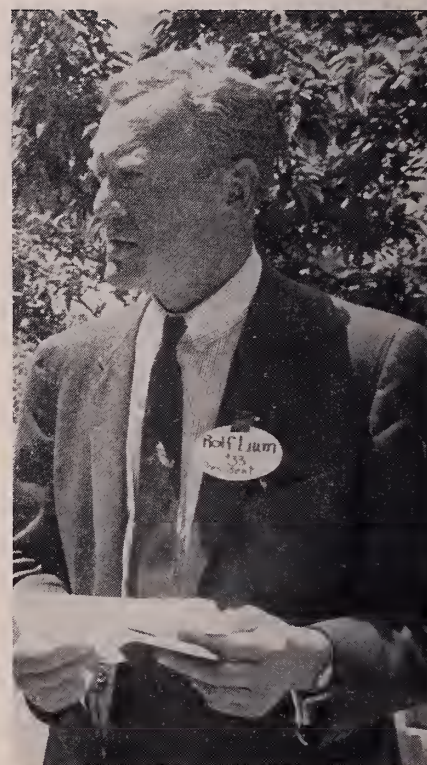
WEST COAST

Rolf Lium, '33, President of the Alumni Association, recently returned from his West Coast tour. The series of regional meetings given in his honor began in Los Angeles where Lowell Bushnell, '33, characterized by Lium as "a man of vision and bounce," rounded up 80 Alumni for dinner. From the San Francisco area, a group of 35 Alumni and their wives, assembled by Herbert Moffitt, '41, gathered to greet Dr. Lium. The next city hit was the "jackpot" Portland, Oregon, where J. Englebert Dunphy and John P. Trommald, both of '33, formed the reception committee. In Seattle, Alexander (Sandy) Bill, '39, brought together some 66 Alumni and their wives who met, "all in the spirit of fun," for the first time in 2 years. Lium returns to the East very satisfied with his findings, that Alumni afield think "Harvard is tops, and are anxious to support any measure that

will keep the Alma Mater among the firsts."

NEW YORK

One hundred and six members of the Harvard Medical Society of New York met at the Harvard Club on April 7. By unanimous vote the Society elected the following 1960-61 officers: President, Eugene L. Watkins, '43B; Vice President, Benjamin W. Carey, '32; Secretary-Treasurer, Harvey S. Collins, '43B. "A fine report," illustrated with colored slides, on Alumni highlights, advances in administration, teaching and research at H.M.S., and a few of the projected building changes and needs for the future, was presented by Rolf Lium, '33. Speaker of the evening, Mr. Jan Jutta, artist, scholar, historian, diplomat, explorer and teacher, presented a "scholarly and interesting review" of some of the early history of Africa, plus a movie, "The Golden Age of Discovery." Plans are already under way for an October 27th meeting.



William Tobe

Rolf Lium, '33, retiring President of the Alumni Association, visited Alumni groups on the West Coast

BOOK REVIEW

GREER WILLIAMS: *The Virus Hunters*, Alfred A. Knopf, 1959.

This is a readable and reasonably accurate story of developments in virology from Jenner to Stanley, Theiler, and Enders. Mr. Williams' career started as a journalist and he has been a medical writer for over 20 years. Putting complicated scientific concepts or descriptions of experimental procedures into household terms without too much oversimplification, Mr. Williams demonstrates a remarkable comprehension of the subject. Evidence of intensive study of the literature may be found in many of the chapters. This non-technical book

should be of interest to many who are not scientists, to non-medical scientists and most important to high school students in biology. Like Paul de Kruif's *Microbe Hunters* such books are written for information, inspiration and entertainment. For the average doctor of medicine, class 1950 or earlier, the book will be found to contain worthwhile information on recent developments in virology. The entertainment value for medical readers probably will not equal that of some other similar works such as Zinsser's *Rats, Lice, and History*.

When science represents such a major segment of our culture, accurately written popular books by scientists or other liter-

ates can minimize a possible intellectual schism between the scientist and non-scientist. An exposition of how virologists of the 18th and 20th centuries work and think is useful in convincing laymen that vaccines are not produced by magic but by the accumulation of knowledge from observations by many workers over a long period of time. Probably the best picture in this book of how medical scientists work and think is to be found in the chapters on smallpox and yellow fever. Unfortunately the author pays little attention to the contributions of Walter Reed and to numerous writings on epidemiology and the natural history of infection which contain fascinat-

